WACO ISD 2027

EMPLOYEE BENEFITS GUIDE



IFFGA
Benefit Solutions Simplified

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PLAN YEAR: JANUARY 1 - DECEMBER 31, 2027

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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.

ON-SITE OPEN ENROLLMENT SCHEDULE

Campus	Day	Date	Time
Maintenance	Monday	October 26th	8 AM – 11 AM
GWAHCA	Monday	October 26th	12 PM – 2 PM
GWAMA	Monday	October 26th	12 PM – 2 PM
Challenge/N Waco	Monday	October 26th	12 PM – 2 PM
G.L. Wiley	Monday	October 26th	12 PM – 2 PM
Bell's Hill Elementary	Tuesday	October 27th	8 AM – 3 PM
Kendrick Elementary	Tuesday	October 27th	8 AM – 3 PM
Cedar Ridge Elementary	Wednesday	October 28th	8 AM – 3 PM
Provident Heights Elementary	Wednesday	October 28th	8 AM – 3 PM
J.H. Hines Elementary	Thursday	October 29th	8 AM – 3 PM
Parkdale Elementary	Thursday	October 29th	8 AM – 3 PM
Brook Avenue Elementary	Friday	October 30th	8 AM – 3 PM
West Avenue Elementary	Friday	October 30th	8 AM – 3 PM
Crestview Elementary	Monday	November 2nd	8 AM – 3 PM
Hillcrest PDS	Monday	November 2nd	8 AM – 3 PM
Mountainview Elementary	Tuesday	November 3rd	8 AM – 3 PM
Lake Air Montessori	Tuesday	November 3rd	8 AM – 3 PM
University High	Wednesday	November 4th	9 AM – 4 PM
Waco High	Thursday	November 5th	9 AM – 4 PM
Cesar Chavez Middle	Friday	November 6th	9 AM – 4 PM
Tennyson Middle	Friday	November 6th	9 AM – 4 PM
G.W. Carver Middle	Monday	November 9th	9 AM – 4 PM
Transportation	Tuesday	November 10th	8 AM – 12 PM
Administration*	Tuesday	November 10th	8 AM – 4 PM
Administration*	Wednesday	November 11th	8 AM – 4 PM

*Hablante de español disponible. Si no estás realizando cambios o no necesitas un hablante de español, no dudes en completar tu inscripción en tu campus.

Employee Benefits Center

A guide to your benefits!

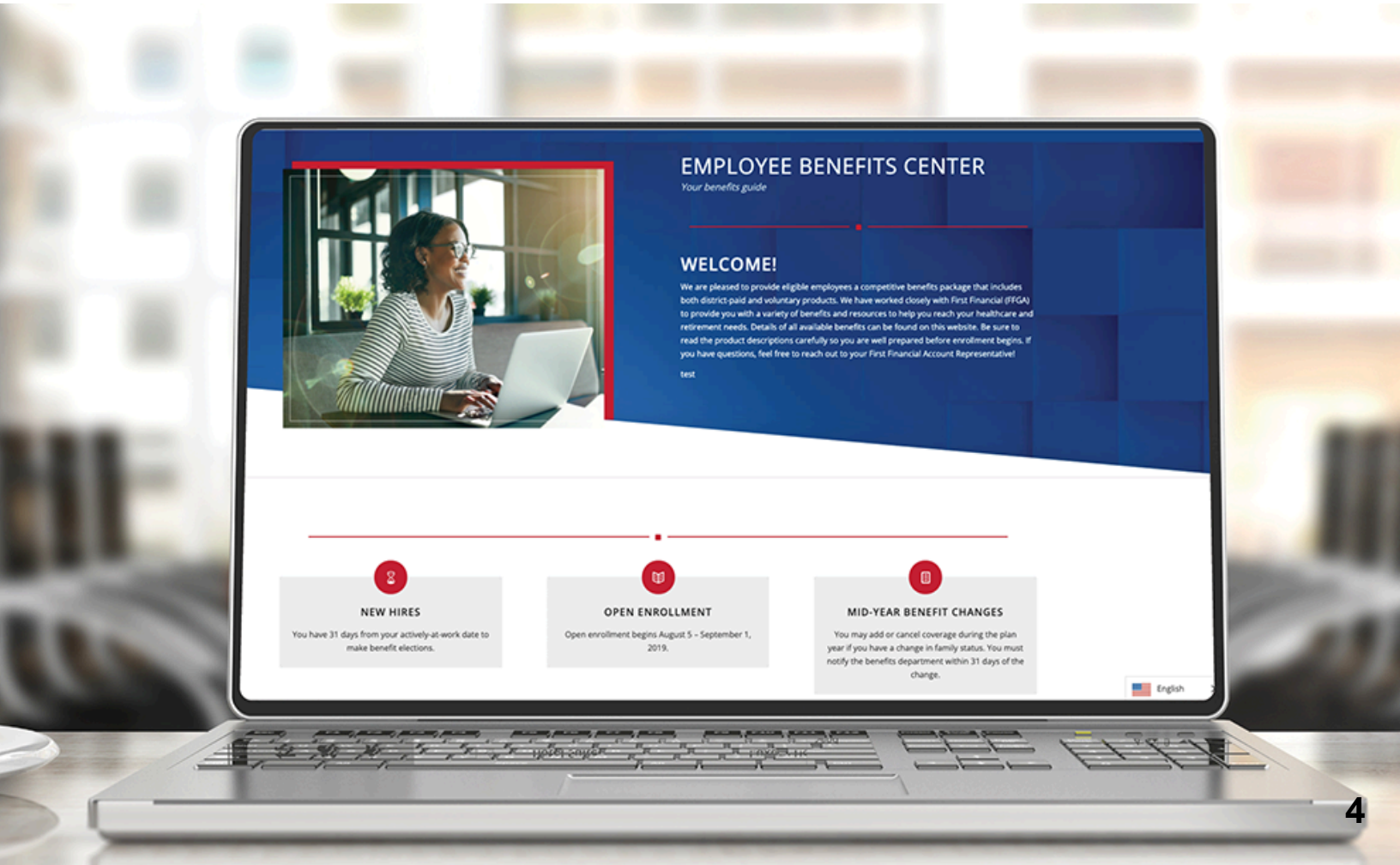
Waco ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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

SCAN ME!

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

https://ffbenefits.ffga.com/wacoisd



Benefit Eligibility & 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

During Open Enrollment, FFGA Account Representatives will be on your campus to assist you with making your elections. 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 Waco ISD 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 make sure to still complete the online enrollment as there are free benefits offered by Waco ISD. Under each option, you will need to select "waive." **You must still complete the beneficiary information.**

Medical Insurance Premiums

Plan 1 $4000 Choice HDHP Plan	Total Monthly Premium	District Monthly Contribution	Employee Cost Per Month	Employee Cost Per Paycheck
Employee Only	$ 608.40	$ 608.40	$ 0	$ 0
Employee & Spouse	$ 1,338.17	$ 608.40	$ 729.77	$ 364.89
Employee & Child(ren)	$ 1,024.58	$ 608.40	$ 416.18	$ 208.09
Employee & Family	$ 1,708.64	$ 608.40	$ 1,100.24	$ 550.12

Plan 2 $3500 Nexus HMO Plan	Total Monthly Premium	District Monthly Contribution	Employee Cost Per Month	Employee Cost Per Paycheck
Employee Only	$ 716.20	$ 608.40	$ 107.80	$ 53.90
Employee & Spouse	$ 1,553.56	$ 608.40	$ 945.16	$ 472.58
Employee & Child(ren)	$ 1,187.97	$ 608.40	$ 579.57	$ 289.79
Employee & Family	$ 1,985.48	$ 608.40	$ 1,377.08	$ 688.54

Plan 3 $2500 Choice EPO Plan	Total Monthly Premium	District Monthly Contribution	Employee Cost Per Month	Employee Cost Per Paycheck
Employee Only	$ 853.06	$ 608.40	$ 244.66	$ 122.33
Employee & Spouse	$ 1,847.69	$ 608.40	$ 1,239.29	$ 619.65
Employee & Child(ren)	$ 1,426.87	$ 608.40	$ 818.47	$ 409.24
Employee & Family	$ 2,344.93	$ 608.40	$ 1,736.53	$ 868.27

Medical Insurance Plan Summaries

	Plan 1 United Healthcare Choice Plus with an H.S.A.		Plan 2 United Healthcare Nexus HMO Plan		Plan 3 United Healthcare Choice Plus EPO Plan	
DOCTORS	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT OF NETWORK	WHAT YOU PAY TIER 1	WHAT YOU PAY Tier 2	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT OF NETWORK
Primary Care	20% after deductible	N/A	$20 copay	$40 copay	$30 copay	N/A
$0 copay for children under the age of 19	N/A		$0 no copay	$0 no copay	$0 no copay	
Specialist Network	20% after deductible		$40 copay	$80 copay	$60 copay	
Preventive Care	Covered 100%		$0 no copay	$0 no copay	$0 no copay	
HOSPITAL						
In-Patient Hospital	20% after deductible	N/A	20% after deductible	40% after deductible	20% after deductible	N/A
Out-Patient Surgery	20% after deductible		20% after deductible	40% after deductible	20% after deductible	
EMERGENCY HEALTH SERVICES						
Emergency Room	20% after deductible	20% after deductible	$1,250 copay per visit. then ded / coins. Waived if admitted.	$1,250 copay per visit. then ded / coins. Waived if admitted.	$1,250 copay per visit. then ded / coins. Waived if admitted.	$1,250 copay per visit. then ded / coins. Waived if admitted.
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
ADDITIONAL SERVICES						
Pregnancy Office Visits	$0 no copay	N/A	$0 no copay	$0 no copay	$0 no copay	N/A
Child Birth / Delivery Professional Services	20% after deductible		20% after deductible	20% after deductible	20% after deductible	
Outpatient Mental Health or Rehab / Habilitation Services	20% after deductible		$20 copay	$20 copay	$30 copay	
Inpatient Mental Health or Rehab / Habilitation Services	20% after deductible		20% after deductible	20% after deductible	20% after deductible	
URGENT CARE SERVICES						
Urgent Care Facility	20% after deductible	N/A	$0 after $100 copay per visit	$0 after $100 copay per visit	$0 after $75 copay per visit	N/A
LAB & X-RAY SERVICES						
Minor lab & x-ray	20% after deductible	N/A	20% after deductible	40% after deductible	20% after deductible	N/A
Major lab & x-ray (MRI, CT Scan, PET Scan)	20% after deductible		20% after deductible	40% after deductible	20% after deductible	
CALENDAR YEAR DEDUCTIBLE						
INDIVIDUAL	$4,000	N/A	$3,500	$3,500	$2,500	N/A
FAMILY	$8,000		$10,500	$10,500	$5,000	
MAXIMUM OUT OF POCKET						
INDIVIDUAL	$7,000 **	N/A	$7,900 **	$7,900 **	$7,500 **	N/A
FAMILY	$14,000 **		$15,800 **	$15,800 **	$15,000 **	
LIFETIME MAXIMUM BENEFIT						
	Unlimited	N/A	Unlimited	Unlimited	Unlimited	Unlimited

**** Copayments, Coinsurance and Deductibles accumulate towards the Out-of-Pocket Maximum**

Plan Summary

This chart explains what your plan covers and what your share of prescription costs will be.
You can also find it on our website.

Plan 1 HSA HDHP

Your Maintenance Choice Plan helps you save money when you fill prescriptions for long-term medications (used to treat conditions like diabetes, asthma, or high blood pressure) in **90-day** supplies at CVS Pharmacy or by mail. **If you fill these prescriptions in 30-day supplies or at any other pharmacy, you'll pay more.** Prescriptions for short-term medications (like antibiotics) can be filled at any retail pharmacy in your plan's network.

	Short-Term Medications		Long-Term Medications
	Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply	Fill at any pharmacy in your plan's network; Cost for **three** 30-day supplies	Fill at CVS Pharmacy or CVS Caremark Mail Service Pharmacy; Cost for up to a 90 -day supply
Generic Medications Best option to help you save money	**$20** for one 30-day supply	**$60** for three 30-day supplies	**$50** for one 90-day supply
Preferred Brand-Name Medications Best option when a generic isn't available	**$50** for one 30-day supply	**$150** for three 30-day supplies	**$125** for one 90-day supply
Non-Preferred Brand-Name Medications Highest cost option	**$100** for one 30-day supply	**$300** for three 30-day supplies	**$250** for one 90-day supply
Annual Deductible	$4,000 for Individual / $8,000 for Family		
Maximum Out-of-Pocket	$7,000 for Individual / $14,000 for Family		

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.

GLOBAL_2023_SUM_MCV_MOOP_S2P_0423

Copayment, copay or coinsurance means the amount a plan member is required to pay for a prescription in accordance with a Plan which may be a deductible, a percentage of the prescription price, a fixed amount or other charge, with the balance, if any, paid by a Plan.
106-52041N 080122

Register today at Caremark.com/StartNow

Members acknowledge that by directing their prescribers, or their agents, to send prescriptions to CVS Caremark they are also providing express consent for CVS Caremark to provide prescription Services to those members for those prescriptions. Members acknowledge that by directing their Prescribers, or their agents, to send prescriptions to CVS Caremark or CVS Specialty Pharmacy, they are Also providing express consent for CVS Caremark or CVS Specialty to utilize any affiliated pharmacies to Process their prescriptions. Plan Member Rights and Responsibilities can be found at Caremark.com.

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CVS caremark™

WACO INDEPENDENT SCHOOL DISTRICT

Plan Summary

This chart explains what your plan covers and what your share of prescription costs will be.
You can also find it on our website.

Plan 2 Nexus HMO

Your Maintenance Choice Plan helps you save money when you fill prescriptions for long-term medications (used to treat conditions like diabetes, asthma, or high blood pressure) in **90-day** supplies at CVS Pharmacy or by mail. **If you fill these prescriptions in 30-day supplies or at any other pharmacy, you'll pay more.** Prescriptions for short-term medications (like antibiotics) can be filled at any retail pharmacy in your plan's network.

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Non-Preferred Brand-Name Medications Highest cost option	**$100** for one 30-day supply	**$300** for three 30-day supplies	**$250** for one 90-day supply
Maximum Out-of-Pocket	$7,900 for Individual / $15,800 for Family		

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.

GLOBAL_2023_SUM_MCV_MOOP_S2P_0423

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Plan Summary

This chart explains what your plan covers and what your share of prescription costs will be.
You can also find it on our website.

Plan 3 Choice EPO

Your Maintenance Choice Plan helps you save money when you fill prescriptions for long-term medications (used to treat conditions like diabetes, asthma, or high blood pressure) in **90-day** supplies at CVS Pharmacy or by mail. **If you fill these prescriptions in 30-day supplies or at any other pharmacy, you'll pay more.** Prescriptions for short-term medications (like antibiotics) can be filled at any retail pharmacy in your plan's network.

	Short-Term Medications		Long-Term Medications
	Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply	Fill at any pharmacy in your plan's network; Cost for **three** 30-day supplies	Fill at CVS Pharmacy or CVS Caremark Mail Service Pharmacy; Cost for up to a 90 -day supply
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Non-Preferred Brand-Name Medications Highest cost option	**$100** for one 30-day supply	**$300** for three 30-day supplies	**$250** for one 90-day supply
Maximum Out-of-Pocket	$7,500 for Individual / $15,000 for Family		

Please Note: When a generic is available, but the pharmacy dispenses the brand-name medication for any reason, you will pay the difference between the brand-name medication and the generic plus the brand copayment.

GLOBAL_2023_SUM_MCV_MOOP_S2P_0423

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Register today at Caremark.com/StartNow

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CVS caremark™

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CVS caremark®

Prescription benefits



Convenient and cost-effective medication options

Welcome to CVS Caremark® – we manage your prescription benefit on behalf of your new plan. We're here to help you get the medication you need and learn how to keep costs low.

Know how to get your medication

Find out where to fill your prescriptions. Use the *Pharmacy Locator* tool to find a pharmacy that's covered under your prescription benefit plan. Some plans offer home delivery. Review your plan summary to see your options.

Tap into savings with digital tools

Save time, compare costs and stay connected. Do it all at **Caremark.com** and the CVS Health® mobile app.*

- Using a pharmacy that's covered by your plan can help keep your costs low. Locate one that's convenient through our *Pharmacy Locator* tool.
- Check and compare drug costs across in-network pharmacies to find possible savings through our *Check Drug Cost* tool.
- Stay connected for benefit plan updates. Sign up for email or text alerts to easily get important updates, including status alerts on any changes to your covered medications.

Access everything you need, all in one place

Scan this code to download the CVS Health app today.*

To scan the QR code:
Open the camera on your smart phone
Focus on the QR code
Tap the link that appears

*Some app functions are not available yet, but coming soon.

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CVS caremark®



Rx Home Delivery

Medications delivered right to you

Your benefit plan may offer home delivery options for medications you take regularly (like medication for asthma or high blood pressure). Here's how you can find out.

Check your pharmacy network

Sign in or register at **Caremark.com** and use the *Pharmacy Locator* tool to see if there is a mail service pharmacy in your network.

Ask your local pharmacy

Call or visit your local pharmacy to see if they offer home delivery.

Access everything you need, all in one place

Scan this code to download the CVS Health® app today.*

To scan the QR code:
Open the camera on your smart phone
Focus on the QR code
Tap the link that appears

*Some app functions are not available yet, but coming soon.

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WACO INDEPENDENT SCHOOL DISTRICT

Visit with a provider 24/7 — whenever, wherever

With 24/7 Virtual Visits, you can connect to a provider by phone or video[1] through **myuhc.com**® or the UnitedHealthcare® app



Another way to get care

Providers can treat a wide range of health conditions—including many of the same conditions as an emergency room (ER) or urgent care—and may even prescribe medications,[2] if permitted needed. **With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is usually $0.[3]**

Consider 24/7 Virtual Visits for these common conditions and more

- Allergies
- Bronchitis
- Eye infections
- Flu
- Headaches/migraines
- Rashes
- Sore throats
- Stomachaches

$0 cost

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit — bringing a potential $2,000[4] cost down to $0.

Get started

Sign in at **myuhc.com/virtualvisits** | Call the number on your health plan ID card | Download the UnitedHealthcare app

United Healthcare®

[1] Data rates may apply.

[2] Certain prescriptions may not be available, and other restrictions may apply.

[3] The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change.

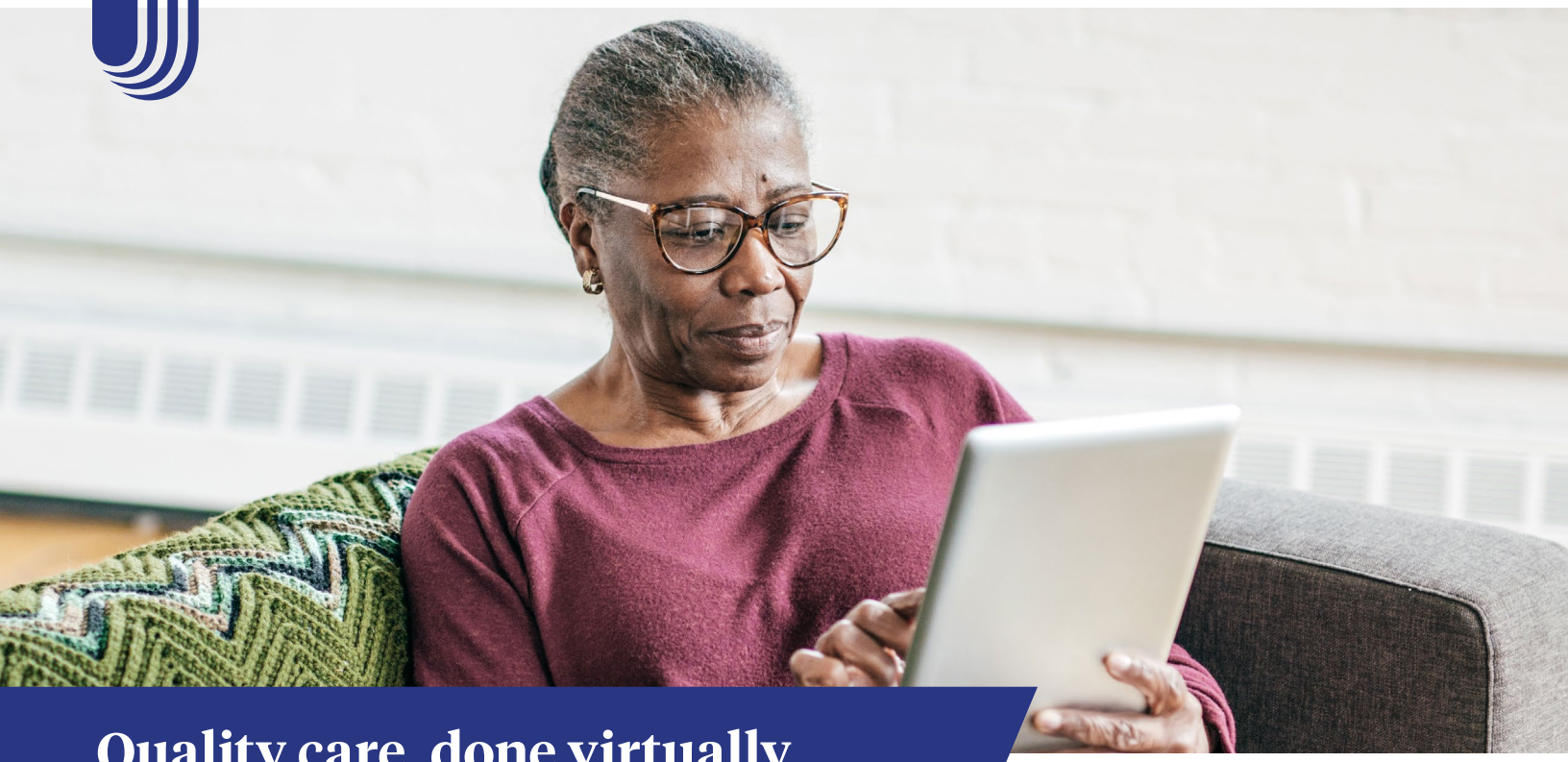
[4] Average allowed amounts charged by UnitedHealthcare Network Providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. Estimated urgent care savings are based on the difference between an average urgent care visit cost of $180 and a Virtual Visit cost of $0; $2,000 difference between the average emergency room visit and the average urgent care visit. The information and estimates provided are for general informational and illustrative purposes only and are not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

24/7 Virtual Visits is a service available with a Designated Virtual Network Provider via video, or audio-only where permitted under state law. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company.

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Quality care, done virtually

See a primary care provider or get same-day urgent care on your phone, tablet or computer

With virtual care through your UnitedHealthcare plan, get care any time.

Using your smartphone or other connected device,* like a tablet or a computer, you can access virtual primary and urgent care.

To schedule a virtual primary care appointment or access urgent care through 24/7 Virtual Visits, just download the UnitedHealthcare® app or visit myuhc.com/virtualcare.

What kind of virtual care might be right for you?

Virtual primary care:

- Annual wellness visits
- Regular follow-ups for conditions like asthma, diabetes, etc.
- Lab tests and preventive screenings
- Referrals to quality network specialists
- Medication review and prescriptions, if needed**
- Cost aligns with PCP benefit

24/7 Virtual Visits:

- Non-emergency care for common health issues like the flu, fevers, sore throats, etc.
- Non-emergency care for sudden health issues like pinkeye, migraines, back pain, even allergies and anxiety
- Prescription refills, if needed**
- Cost aligns with 24/7 Virtual Visits benefit

Scan the QR code to access your virtual care options

United Healthcare

Get care from a specialist, virtually



Specialized care at your fingertips

Virtual care is accessible from anywhere, on your schedule, and is designed for affordability. With UnitedHealthcare, members have access to quality virtual specialists who may help you create a personalized care plan, eliminating the inconvenience of travel and waiting rooms.

Built for easy access

Get a care plan from the comfort of your home, or anywhere on the go, through secure video, chat or email.

Works on your schedule

Request a visit and get care sooner, as early as same-day for some providers. Virtual care revolves around you—helping you find support when you need it, in a way that may work best for you.

Designed for affordable, quality care

Get access to care from specialists trained to understand your condition and deliver personalized care wherever you are.

Meet online with a specialist for these conditions and more:

- Back and joint pain
- Dermatology
- Gastroenterology
- Migraine care
- Sleep conditions
- Speech therapy
- Women's health*

Get started

Go to **myuhc.com/virtualcare** to find the right care for you

United Healthcare®

*"Women's health" is a broader term used to describe conditions, services or supportive programs and resources, not to describe those supported. UnitedHealthcare provides supportive resources for all eligible individuals, regardless of gender identity or expression.

Virtual Specialists are services available with a provider or coach via video, chat, email, or audio-only where permitted under state law. It is not an insurance product or a health plan. Virtual Specialists are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all states, or for all members. Certain prescriptions may not be available, and other restrictions may apply.

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Stressed? Anxious? With virtual therapy, getting help may now be easier than ever.



Reaching out may be hard—especially if you might not want anyone to know you're hurting. From the privacy of home and the convenience of your mobile device* or computer, you can receive caring support from a licensed therapist.

Virtual therapy offers confidential counseling and includes:

Private video sessions
Get 1-on-1 support—in your home and at a time that's convenient for you.

Help with coping—for children, teens and adults
Your licensed therapist may provide a diagnosis, treatment and medication if needed.

Similar standard of care as in-person visits
You can see the same therapist with each appointment and establish an ongoing relationship.

Virtual therapy is designed to help treat conditions like:

- ADD/ADHD
- Addiction
- Anxiety
- Depression
- Mental health disorders

A quicker way for the whole family to get care

A virtual visit for mental health care may be a great way for children and teens to get an appointment.

To find a provider and schedule a visit

Sign in or register on **myuhc.com®**. Then, go to **Find Care & Costs > Virtual Care > Behavioral Health Care > Get Started** and call the provider to set up an appointment. Or call the telephone number on your health plan ID card.

*Data rates may apply.

Costs and coverage may vary. Check your plan for details.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

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United Healthcare



Get more out of your health plan benefits with these 2 handy digital tools

The UnitedHealthcare® app and myuhc.com®

Whether on the go or online, you'll have access to resources designed to help you:

- View benefit info, claim details and account balances
- Search network providers and facilities for the type of care you may need
- Quickly compare cost estimates before you get care
- Learn about covered preventive care
- Access your health plan ID card and add your plan details to your smartphone's digital wallet

Register once to access both tools

Start by downloading the UnitedHealthcare app or going to **myuhc.com** and then:

- Tap **Register Now** on the app, or select **Register** on the website
- Fill in the required fields and create your username and password
- Enter your contact information and select SMS text or phone call for two-factor authentication—then, agree to the terms and conditions
- Opt in to paperless delivery from your communication preferences

Now you're registered for—and connected to—the app and the website.

Get connected

Scan this code to download the app and register, or visit **myuhc.com**

United Healthcare

Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under the Find Care & Costs section. Available only for insured plans and self-funded plans with Optum Rx integrated pharmacy benefits.

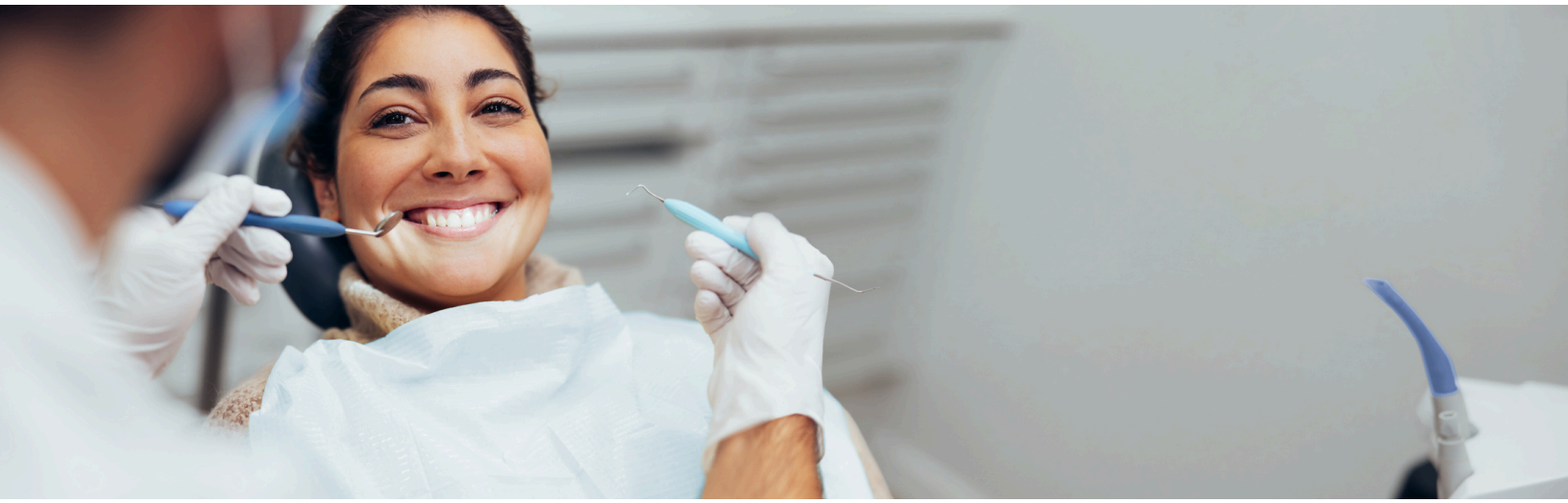
The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

Health Plan coverage provided by or through a UnitedHealthcare company. Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by United HealthCare Services, Inc. or their affiliates.

Administrative services provided by United HealthCare Services, Inc. or their affiliates, and UnitedHealthcare Service LLC in NY. Stop-loss insurance is underwritten by UnitedHealthcare Insurance Company or their affiliates, including UnitedHealthcare Life Insurance Company in NJ, and UnitedHealthcare Insurance Company of New York in NY.

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Dental Insurance



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

QCD Discount | www.qcdofamerica.com | 800-229-0304

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. **The QCD Dental is a discount plan, not dental insurance.** 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

Ameritas Semi-Monthly Dental Premiums		
	NEW! Low Plan NEW!	High Plan
Employee Only	$9.70	$14.50
Employee + One	$19.30	$31.00
Employee + Family	$29.82	$47.00

QCD Discount Semi-Monthly Dental Premiums	
Employee Only	$0.00
Employee + One	$4.00
Employee + Family	$6.00

WACO ISD

Dental Highlight Sheet

Ameritas

Low Dental Plan Summary **Effective Date: 1/1/2027**

Plan Benefit	
Type 1	100%
Type 2	80%
Deductible	
	$75 Lifetime Type 2
	Waived Type 1
Maximum *(per person)*	$1,000 per calendar year
Allowance	Discounted Fee
Waiting Period	None
Annual Open Enrollment	Included

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

Type 1	Type 2
• Routine Exam (1 in 6 months)	• Periapical X-rays
• Bitewing X-rays (1 in 12 months)	• Fillings for Cavities
• Full Mouth/Panoramic X-rays (1 in 5 years)	• Restorative Composites (anterior and posterior teeth)
• Cleaning (1 in 6 months)	• Simple Extractions
• Fluoride for Children 13 and under (1 in 12 months)	• Anesthesia
• Sealants (age 13 and under)	
• Space Maintainers	

Monthly Rates

Employee Only (EE)	$19.40
EE + 1 Dependent	$38.60
EE + 2 or more Dependents	$59.64

Ameritas Information

We're Here to Help

This plan was designed specifically for the associates of **WACO INDEPENDENT SCHOOL DISTRICT DBA WACO ISD.** At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium. To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

WACO ISD

Dental Highlight Sheet

Ameritas

High Dental Plan Summary **Effective Date: 1/1/2027**

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	$50 Lifetime Type 2,3
	Waived Type 1
	No Family Maximum
Maximum *(per person)*	$2,000 per calendar year
Allowance	Discounted Fee
Waiting Period	None
Annual Open Enrollment	Included

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum *(per person)*	$1,000
Waiting Period	None
Takeover Benefit	Initial Insureds Only

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

Type 1	Type 2	Type 3
• Routine Exam (1 in 6 months)	• Periapical X-rays	• Onlays
• Bitewing X-rays (1 in 12 months)	• Space Maintainers	• Crowns (1 in 10 years per tooth)
• Full Mouth/Panoramic X-rays (1 in 5 years)	• Fillings for Cavities	• Crown Repair
• Cleaning (1 in 6 months)	• Restorative Composites (anterior and posterior teeth)	• Endodontics (nonsurgical)
• Fluoride for Children 13 and under (1 in 12 months)	• Simple Extractions	• Endodontics (surgical)
• Sealants (age 15 and under)	• Anesthesia	• Periodontics (nonsurgical)
• Pre-Diagnostic Test (age 35 and over) (1 in 2 years)		• Periodontics (surgical)
		• Denture Repair
		• Implants
		• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)
		• Complex Extractions

Monthly Rates

Employee Only (EE)	$29.00
EE + 1 Dependent	$62.00
EE + 2 or more Dependents	$94.00

Ameritas Information

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Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Dental Network

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

Vision Insurance

Superior Vision | www.superiorvision.com | 800-507-3800

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 Semi-Monthly Premiums	
Employee Only	$3.71
Employee + One	$7.18
Employee + Family	$10.56



SuperiorVision®

Vision plan benefits for Waco ISD

Copays

Exam[1]	$10
Eyewear[2]	$25

Semi-Monthly premiums

Employee Only	$3.71
Employee + 1 person	$7.18
Employee and Family	$10.56

Services/frequency

Exam	1 per calendar year
Frame	1 per calendar year
Lenses	1 per calendar year
Contact lenses	1 per calendar year

Benefits through Superior Select Southwest network

	In-network	Out-of-network
Exam	Covered in full	Up to $35 retail
Frames	$200 retail allowance	Up to $70 retail
Lenses (standard) per pair		
Single vision	Covered in full	Up to $25 retail
Bifocal	Covered in full	Up to $40 retail
Trifocal	Covered in full	Up to $45 retail
Progressive	See description[3]	Up to $45 retail
Lenticular	Covered in full	Up to $80 retail
Contact lenses[4]	$200 retail allowance	Up to $80 retail
Medically necessary contact lenses	Covered in full	Up to $150 retail
LASIK vision correction[5]	$200 allowance	

Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements

[1] Eye exam copay is a single payment due to the provider at the time of service

[2] Eyewear copay applies to eyeglass lenses / frame and contact lenses. Eyewear copay is a single payment that applies to the entire purchase of eyeglasses (frame and lenses)

[3] Covered to provider's in-office standard retail lined trifocal amount; member pays difference between progressive and standard retail lined trifocal, plus applicable co-pay

[4] Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

[5] Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

Discount features

Discounts on covered materials[6]

These discounts apply to the glasses and contacts that are covered under the vision benefits.

Frames:	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contact	10% off amount over allowance

Lens type*	Member out-of-pocket[6]
Scratch coat	$15
Ultraviolet coat	$12
Tints, solid	$15
Tints, gradient	$18
Polycarbonate	$40
Blue light filtering	$15
Digital single vision	$30
Progressive lenses	
Standard/Premium/Ultra/Ultimate	$55 / $110 / $150 / $225
Anti-reflective coating	
Standard/Premium/Ultra/Ultimate	$50 / $70 / $85 / $120
Polarized lenses	$75
Plastic photochromic lenses	$80
High Index (1.67 / 1.74)	$80 / $120

* The above table highlights some of the most popular lens type and is not a complete listing. This table outlines member out-of-pocket costs[5] and are not available for premium/upgraded options unless otherwise noted.

superiorvision.com

(800) 507-3800

Discounts on non-covered exam, services and materials[6]

Exams, frames, and prescription lenses:	30% off retail
Contacts, miscellaneous options:	20% off retail
Disposable contact lenses:	10% off retail
Retinal imaging:	$39 maximum out-of-pocket

Laser vision correction (LASIK)[6]

Laser vision correction (LASIK) is a procedure that can reduce or eliminate your dependency on glasses or contact lenses. This corrective service is available to you and your eligible dependents at a special discount (20-50%) with your Superior Vision plan. Contact QualSight LASIK at (877) 201-3602 for more information.

Hearing discounts[6]

A National Hearing Network of hearing care professionals, featuring Your Hearing Network, offers Superior Vision members discounts on services, hearing aids and accessories. These discounts should be verified prior to service.

All allowances are retail; the member is responsible for paying the provider directly for all non-covered items and/or any amount over the allowances, minus available discounts. These are not covered by the plan.

[6]Not all providers participate in Superior Vision Discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if he/she offers the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all Superior Vision providers/all locations.

Disclaimer: All final determinations of benefits, administrative duties, and definitions are governed by the Certificate of Insurance for your vision plan. Please check with your Human Resources department if you have any questions.

Flexible Spending Account (FSA)

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

Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. Your plan includes a grace period option, which gives you an additional 2.5 months to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2027 is $3,400.

Medical FSA Highlights

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

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

Dependent Care FSA

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

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

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

Dependent Care FSA Highlights

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

Health Savings Account (HSA)

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

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

Health Savings Account Highlights

- Balances roll over from year to year and earn interest along the way.
- Portable – you keep it even after you leave employment.
- Tax advantages – invest money in mutual funds to grow your tax savings for either future healthcare costs or retirement.
- Pay for expenses with a benefits debit card that gives you immediate access to your money at the time of purchase.
- Receipts are not required for reimbursement but be sure to save them for tax purposes.

Who Can Participate in an HSA?

- You must be enrolled in the Plan 1 High Deductible Health Plan (HDHP).
- You cannot be enrolled in Tricare or Medicare or covered under your spouse's traditional (non-HDHP) health care plan.
- You cannot participate in a general purpose Flexible Spending Account (FSA) or Health Reimbursement Arrangement.
- Limited Purpose Flexible Spending Accounts are permitted (dental and vision expenses only).
- You cannot participate if your spouse has a general purpose FSA or HRA at their place of employment.
- You cannot participate if you are being claimed as a dependent on another person's tax return.

Medical Coverage	2027 HSA Annual Contribution Limits
Employee Only	$4,500
Employee and Spouse Employee and Child(ren) Employee and Family	$9,000
$1,000 annual catch-up contributions (age 55 or older)	

If you are enrolling in the HSA account for the first time, you must visit the link below to create your online account. Your Group Number is 902991.

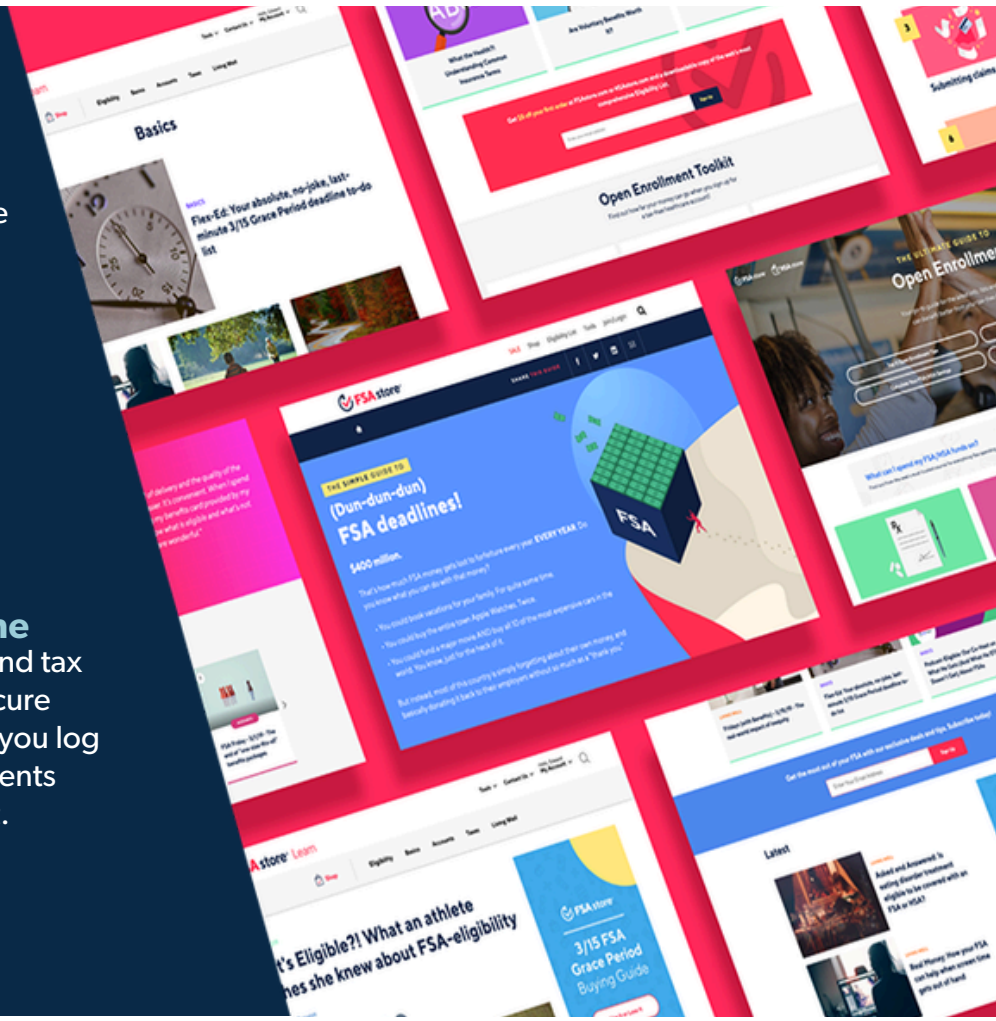
https://enrollhsa.optumbank.com/enrollment#/

After you register, you will receive an HSA card from Optum Bank.

FSA & HSA Resources

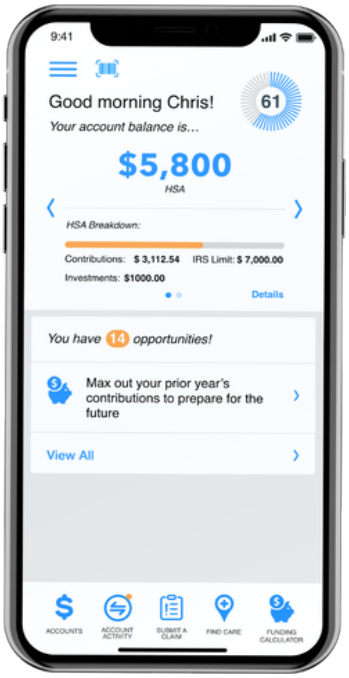
Benefits Card

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



View Your Account Details Online

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



FF Mobile Account App

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

FSA/HSA Store

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

FSA store® Everything Flex Spending.

HSA store® Health Saving, Simplified.

Permanent Life Insurance

Texas Life



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

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life - Permanent Life Highlights

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

WOW! VOLUNTARY PERMANENT LIFE INSURANCE YOU CAN KEEP

PURELIFE-PLUS



Highlights

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

EASY TO PAY
Pay for it through convenient payroll deductions

NO EXAMS
Qualify by answering just 3 questions[2]

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

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

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

TEXASLIFE INSURANCE COMPANY

FFGA Benefit Solutions Simplified

25M008-C FFGA 1004 (exp0327)

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

TEXASLIFE INSURANCE COMPANY

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown. Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	$10,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000	$300,000	
17-20		6.53	11.93	17.33	22.73	33.53	44.33	55.13	65.93	75
21-22		6.67	12.20	17.74	23.28	34.35	45.43	56.50	67.58	74
23		6.80	12.48	18.15	23.83	35.18	46.53	57.88	69.23	75
24-25		6.94	12.75	18.57	24.38	36.00	47.63	59.25	70.88	74
26		7.22	13.30	19.39	25.48	37.65	49.83	62.00	74.18	75
27-28		7.35	13.58	19.80	26.03	38.48	50.93	63.38	75.83	74
29		7.49	13.85	20.22	26.58	39.30	52.03	64.75	77.48	74
30-31		7.63	14.13	20.63	27.13	40.13	53.13	66.13	79.13	73
32		8.04	14.95	21.87	28.78	42.60	56.43	70.25	84.08	74
33		8.32	15.50	22.69	29.88	44.25	58.63	73.00	87.38	74
34		8.73	16.33	23.93	31.53	46.73	61.93	77.13	92.33	75
35		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	76
36		9.55	17.98	26.40	34.83	51.68	68.53	85.38	102.23	76
37		9.97	18.80	27.64	36.48	54.15	71.83	89.50	107.18	77
38		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	77
39		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	78
40	5.38	11.75	22.38	33.00	43.63	64.88	86.13	107.38	128.63	79
41	5.76	12.72	24.30	35.89	47.48	70.65	93.83	117.00	140.18	80
42	6.20	13.82	26.50	39.19	51.88	77.25	102.63	128.00	153.38	81
43	6.59	14.78	28.43	42.08	55.73	83.03	110.33	137.63	164.93	82
44	6.97	15.74	30.35	44.97	59.58	88.80	118.03	147.25	176.48	83
45	7.36	16.70	32.28	47.85	63.43	94.58	125.73	156.88	188.03	83
46	7.80	17.80	34.48	51.15	67.83	101.18	134.53	167.88	201.23	84
47	8.18	18.77	36.40	54.04	71.68	106.95	142.23	177.50	212.78	84
48	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	85
49	9.06	20.97	40.80	60.64	80.48	120.15	159.83	199.50	239.18	85
50	9.61	22.34	43.55	64.77	85.98					86
51	10.27	23.99	46.85	69.72	92.58					87
52	10.99	25.78	50.43	75.08	99.73					88
53	11.54	27.15	53.18	79.20	105.23					88
54	12.09	28.53	55.93	83.33	110.73					88
55	12.69	30.04	58.95	87.87	116.78					89
56	13.24	31.42	61.70	91.99	122.28					89
57	13.90	33.07	65.00	96.94	128.88					89
58	14.51	34.58	68.03	101.48	134.93					89
59	15.17	36.23	71.33	106.43	141.53					89
60	15.59	37.29	73.45	109.62	145.78					90
61	16.31	39.08	77.03	114.98	152.93					90
62	17.19	41.28	81.43	121.58	161.73					90
63	18.07	43.48	85.83	128.18	170.53					90
64	19.00	45.82	90.50	135.19	179.88					90
65	20.05	48.43	95.73	143.03	190.33					90
66	21.20									90
67	22.47									91
68	23.84									91
69	25.22									91
70	26.65									91

Non-Tobacco

CHILDREN AND GRANDCHILDREN (NON-TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

Issue Age	Premium $25,000	Premium $50,000	Guaranteed Period
15D-1	4.63	8.13	81
2-4	4.75	8.38	80
5-8	4.88	8.63	79
9-10	5.00	8.88	79
11-16	5.13	9.13	77
17-20	6.13	11.13	75
21-22	6.25	11.38	74
23	6.38	11.63	75
24-25	6.50	11.88	74
26	6.75	12.38	75

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

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

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

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

Indicates Spouse Coverage Available

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

TEXASLIFE INSURANCE COMPANY

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	$10,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000	$300,000	
17-20		9.28	17.43	25.58	33.73	50.03	66.33	82.63	98.93	71
21-22		9.69	18.25	26.82	35.38	52.50	69.63	86.75	103.88	71
23		10.10	19.08	28.05	37.03	54.98	72.93	90.88	108.83	72
24-25		10.38	19.63	28.88	38.13	56.63	75.13	93.63	112.13	71
26		10.65	20.18	29.70	39.23	58.28	77.33	96.38	115.43	72
27-28		10.93	20.73	30.53	40.33	59.93	79.53	99.13	118.73	71
29		11.07	21.00	30.94	40.88	60.75	80.63	100.50	120.38	71
30-31		12.44	23.75	35.07	46.38	69.00	91.63	114.25	136.88	72
32		12.85	24.58	36.30	48.03	71.48	94.93	118.38	141.83	72
33		12.99	24.85	36.72	48.58	72.30	96.03	119.75	143.48	72
34		13.13	25.13	37.13	49.13	73.13	97.13	121.13	145.13	71
35		14.09	27.05	40.02	52.98	78.90	104.83	130.75	156.68	72
36		14.50	27.88	41.25	54.63	81.38	108.13	134.88	161.63	72
37		15.47	29.80	44.14	58.48	87.15	115.83	144.50	173.18	73
38		15.88	30.63	45.38	60.13	89.63	119.13	148.63	178.13	73
39		16.98	32.83	48.68	64.53	96.23	127.93	159.63	191.33	74
40	8.07	18.49	35.85	53.22	70.58	105.30	140.03	174.75	209.48	76
41	8.57	19.73	38.33	56.93	75.53	112.73	149.93	187.13	224.33	77
42	9.17	21.24	41.35	61.47	81.58	121.80	162.03	202.25	242.48	78
43	9.94	23.17	45.20	67.24	89.28	133.35	177.43	221.50	265.58	80
44	10.33	24.13	47.13	70.13	93.13	139.13	185.13	231.13	277.13	80
45	10.88	25.50	49.88	74.25	98.63	147.38	196.13	244.88	293.63	81
46	11.32	26.60	52.08	77.55	103.03	153.98	204.93	255.88	306.83	81
47	11.87	27.98	54.83	81.68	108.53	162.23	215.93	269.63	323.33	82
48	12.36	29.22	57.30	85.39	113.48	169.65	225.83	282.00	338.18	82
49	13.08	31.00	60.88	90.75	120.63	180.38	240.13	299.88	359.63	83
50	13.68	32.52	63.90	95.29	126.68					83
51	14.29	34.03	66.93	99.83	132.73					83
52	15.17	36.23	71.33	106.43	141.53					84
53	15.94	38.15	75.18	112.20	149.23					85
54	16.65	39.94	78.75	117.57	156.38					85
55	17.42	41.87	82.60	123.34	164.08					85
56	18.30	44.07	87.00	129.94	172.88					85
57	19.18	46.27	91.40	136.54	181.68					86
58	20.12	48.60	96.08	143.55	191.03					86
59	21.05	50.94	100.75	150.57	200.38					86
60	21.64	52.42	103.70	154.99	206.28					86
61	22.91	55.58	110.03	164.48	218.93					86
62	24.12	58.60	116.08	173.55	231.03					87
63	25.33	61.63	122.13	182.63	243.13					87
64	26.54	64.65	128.18	191.70	255.23					87
65	27.86	67.95	134.78	201.60	268.43					87
66	29.29									88
67	30.83									88
68	32.42									88
69	34.13									88
70	35.94									89

Tobacco

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

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

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

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

CHILDREN AND GRANDCHILDREN (TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

Issue Age	Premium		Guaranteed Period
	$25,000	$50,000	
17-20	8.63	16.13	71
21-22	9.00	16.88	71
23	9.38	17.63	72
24-25	9.63	18.13	71
26	9.88	18.63	72

Indicates Spouse Coverage Available

NEW

Long Term Care Insurance

The Standard | www.standard.com | 866-851-2429

To fully equip yourself for the future, consider adding a long term care plan to your insurance portfolio. Most health insurance plans will not cover long term care services such as skilled in-home care, nursing home facilities, assisted living centers or adult day care. If you had a long term care insurance plan in place, you would have peace of mind knowing that these costs are covered.

A long term care insurance plan is there for you whenever you need it as long as the premiums are paid and the policy is still in force. And while we usually think of senior citizens being the ones who need a long term care plan, the truth is that any person at any age can claim benefits when it's necessary.

A long term care plan allows your loved ones to be there for you as a family member, not a caretaker. Plus, it helps preserve your assets so you can continue building your nest egg. Benefits are paid through payroll deduction, and the plan may be converted to an individual policy if you leave Waco ISD.

Sit down with your FFGA Account Manager to discuss your group long-term care plan and choose the coverage the works best for you and your family.



Underwritten by: American Heritage Life Insurance Company
The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by American Heritage Life Insurance Company, Jacksonville, Florida in all states except New York. Product features and availability vary by state and are solely the responsibility of American Heritage Life Insurance Company.

Group Term to Age 100 Life Insurance with the Accelerated Death Benefit for Long-Term Care with Restoration of Benefits and Extension of Benefits Rider



Frequently Asked Questions

Coverage and Benefits

Q. How does Term to Age 100 Life Insurance work?

A. Term to Age 100 Life Insurance pays a lump-sum cash benefit if you die before age 100. The benefit is guaranteed for the first five years of coverage and is priced so it can remain level under current experience factors.

Q. Who can be covered under the policy?

A. Term to Age 100 Life Insurance with the Accelerated Death Benefit for Long-Term Care with Restoration of Benefits and Extension of Benefits Rider is available for you and your spouse.

Q. What is the maximum age that I am eligible to sign up for coverage?

A. You and your spouse can sign up for coverage between the ages of 18 and 70 (non-tobacco user) or 19 and 70 (tobacco user).[1]

[1]Age may vary by state.

Q. When does coverage for me and my spouse begin?

A. Coverage begins on the coverage effective date as shown in your coverage certificate.

Q. What additional coverage may be added?

A. Additional rider coverage is available (if chosen by your employer) via the Accidental Death Benefit Rider, Accelerated Death Benefit for Terminal Illness Rider, Total Disability Payor Waiver of Premium Rider, Future Purchase Option Rider, and Children's Term Rider. The issue ages for these riders may differ from the issue ages for your base coverage; please consult with your representative from The Standard for details.

Q. How does the Accelerated Death Benefit for Long-Term Care with Restoration of Benefits and Extension of Benefits Rider work?

A. If you or your covered spouse is certified by a physician as chronically ill, as defined in the rider, and receives qualified long-term care services, you can request an advance of the death benefit as a monthly benefit after a 90-day elimination period. Alternatively, you also have the option to select a one-time lump-sum payment of 100% of the death benefit at the time of the claim. The Restoration of Benefits feature replenishes the death benefit amount to the level it was at the time the Accelerated Death Benefit claim was submitted. The restoration feature ensures the death benefit amount remains at 100% regardless of how much you use to help pay for qualified long-term care services. The extension feature expands the period of time you may receive a benefit payout (time span is equal to the original benefit term), but this option is not available if you select the one-time lump-sum option at the time of the claim. Please refer to your rider for more details.

Q. How much of the death benefit will I receive to pay for long-term care services?

A. The coverage allows you to request a monthly advanced payment of either 4% of the death benefit for up to 50 months or 6% of the death benefit for up to 34 months. If utilized for the full time period, the death benefit payout is accelerated up to 200%. See your brochure for the percentage offered by your employer.

Q. Does the Accelerated Death Benefit for Long-Term Care with Restoration of Benefits and Extension of Benefits Rider qualify me for an exemption from contributions to my state's long-term care fund?

A. Several states have created or have proposed regulations to create trusts to pay long-term care benefits for qualified residents; typically, the trusts are funded by a payroll tax. Residents may be able to claim an exemption from the payroll tax if they have qualified long-term care insurance in place by a specific deadline. Each state's criteria for exemptions are different; please contact a tax advisor for more information about your state.

Q. Are there medical questions to answer to enroll in this coverage?

A. Coverage can be offered with one of the following requirements:

Guaranteed Issue – there are no medical questions to answer at initial enrollment, and you must meet the "Actively at Work" requirement to be eligible.[2]

Simplified Issue – you will be asked several detailed medical questions and you must meet the"Actively at Work" requirement.[2]

[2]Although Guaranteed Issue or Simplified Issue may be available, all exclusions and limitations will still apply to any coverage issued. Policy and rider exclusions and limitations, including pre-existing condition limitations, are not waived even though Guaranteed Issue or Simplified Issue is offered.

Continuation of Coverage

Q. If I leave the company, can I keep my life insurance coverage?

A. Yes, coverage may be continued if your employer no longer offers coverage, your employment ends, or you are no longer eligible for coverage through your employer.

The Standard must receive a written request for this continuation of coverage option within 30 days of the date the certificate would otherwise terminate. No continuation of coverage will be provided if your policy is terminated due to the discovery of fraud or material misrepresentation or due to your failure to make required premium payments.

Claims

Q. Who may submit a claim?

A. Anyone can help the insured submit an accelerated death benefit for long-term care claim as long as the required claim form and supporting documents are provided. For life insurance claims, anyone may initiate the process, but the beneficiary must submit the completed claim form and required documentation.

Q. How do I submit a claim?

A. You can obtain a claim form by visiting The Standard website at standard.com/ahl/resources-and-forms or by calling the The Standard Customer Care Center at **800.521.3535**.

Q. When a claim is filed and benefits are paid by The Standard, who receives the payment?

A. For the Accelerated Death Benefit for Long-Term Care with Restoration of Benefits and Extension of Benefits Rider, claim payments are sent to the employee/ certificate holder.

Tobacco Use and Age

Q. Do premiums depend on tobacco usage status?

A. Yes. Tobacco users pay a higher premium than non-tobacco users. If you or your spouse stops using tobacco for 12 months, you can apply for a non-tobacco rate by contacting The Standard Customer Care Center at **800.521.3535**.

Q. Do premiums vary based on the age of the primary insured?

A. Yes. Premiums at the date of issue are based on the insured's age when coverage becomes effective.

For questions regarding coverage, benefits or claims, call our Customer Care Center at 800.521.3535, Monday through Friday, 8 a.m. – 8 p.m. Eastern.

Rev. 2/26. This material is valid as long as information remains current, but in no event later than February 1, 2029. The coverage provided is limited benefit supplemental insurance, policy form GPTLP or state variations thereof. Accelerated Death Benefit for Long-Term Care with Restoration of Benefits and Extension of Benefits Rider benefits are provided under rider form GTLPLTCRE, or state variations thereof.

This is a brief overview of the benefits available under the group policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). The coverage has exclusions and limitations and may vary by state. Contact your representative from The Standard for costs and complete details. The Standard is the marketing name used for American Heritage Life Insurance Company, Home Office, Jacksonville, Florida, a wholly owned subsidiary of StanCorp Financial Group, Inc.

Group Term To Age 100 Life Insurance (GPTLC)

from American Heritage Life Insurance Company

Amounts shown are subject to the Employer's underwriting offer and may require Evidence of Insurability (EOI)

Riders added to base life coverage where available

Issue Age: 18-75

Accelerated Death Benefit for Terminal Illness

Issue Age: 18-70

Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits - Also includes the Non-Forfeiture Credit.

Initial Death Benefit[1]	Level Premium Rates (to age 100) for Eligible Employees • Monthly (12Xs/Year) • Non-Tobacco							
	$10,000	$20,000	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000
Issue Age	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium
18	$4.72	$9.45	$14.18	$18.90	$23.63	$28.35	$33.07	$37.80
19	$3.41	$6.82	$10.23	$13.63	$17.04	$20.45	$23.86	$27.27
20	$3.43	$6.87	$10.30	$13.73	$17.17	$20.60	$24.03	$27.47
21	$3.45	$6.90	$10.35	$13.80	$17.25	$20.70	$24.15	$27.60
22	$3.48	$6.97	$10.45	$13.93	$17.42	$20.90	$24.38	$27.87
23	$3.52	$7.03	$10.55	$14.07	$17.58	$21.10	$24.62	$28.13
24	$3.56	$7.12	$10.68	$14.23	$17.79	$21.35	$24.91	$28.47
25	$3.59	$7.18	$10.78	$14.37	$17.96	$21.55	$25.14	$28.73
26	$3.64	$7.28	$10.93	$14.57	$18.21	$21.85	$25.49	$29.13
27	$3.73	$7.47	$11.20	$14.93	$18.67	$22.40	$26.13	$29.87
28	$3.83	$7.65	$11.48	$15.30	$19.13	$22.95	$26.78	$30.60
29	$3.93	$7.85	$11.78	$15.70	$19.63	$23.55	$27.48	$31.40
30	$4.03	$8.05	$12.08	$16.10	$20.13	$24.15	$28.18	$32.20
31	$4.24	$8.46	$12.70	$16.94	$21.16	$25.40	$29.64	$33.86
32	$4.46	$8.92	$13.38	$17.83	$22.30	$26.75	$31.21	$35.67
33	$4.69	$9.38	$14.08	$18.77	$23.46	$28.15	$32.84	$37.53
34	$4.96	$9.91	$14.88	$19.84	$24.79	$29.75	$34.71	$39.66
35	$5.24	$10.49	$15.73	$20.96	$26.21	$31.45	$36.69	$41.94
36	$5.34	$10.69	$16.03	$21.36	$26.71	$32.05	$37.39	$42.74
37	$5.83	$11.65	$17.48	$23.30	$29.13	$34.95	$40.78	$46.60
38	$6.30	$12.58	$18.88	$25.17	$31.46	$37.75	$44.05	$50.33
39	$6.76	$13.50	$20.26	$27.00	$33.76	$40.50	$47.26	$54.00
40	$7.24	$14.47	$21.71	$28.93	$36.17	$43.40	$50.64	$57.87
41	$7.81	$15.62	$23.43	$31.23	$39.05	$46.85	$54.66	$62.47
42	$8.50	$16.98	$25.48	$33.97	$42.46	$50.95	$59.45	$67.93
43	$9.17	$18.34	$27.51	$36.66	$45.83	$55.00	$64.17	$73.34
44	$9.89	$19.77	$29.66	$39.53	$49.42	$59.30	$69.19	$79.07
45	$10.59	$21.18	$31.78	$42.37	$52.96	$63.55	$74.14	$84.73
46	$11.34	$22.69	$34.03	$45.36	$56.71	$68.05	$79.39	$90.74
47	$12.21	$24.42	$36.63	$48.83	$61.04	$73.25	$85.46	$97.67
48	$13.10	$26.18	$39.28	$52.37	$65.46	$78.55	$91.65	$104.73
49	$14.02	$28.05	$42.08	$56.10	$70.13	$84.15	$98.17	$112.20
50	$14.99	$29.99	$44.98	$59.96	$74.96	$89.95	$104.94	$119.94

[1]Initial Death Benefit is guaranteed level for the first five (5) years. An illustration will be provided with the issued certificate showing a listing of the guaranteed minimum death benefit and illustrated non-guaranteed death benefit payable by year to age 100.

When applying for coverage, the appropriate Illustration Certification must be completed in all states.

This rate insert is not to be used on its own and is for use with materials/accounts situsted in Texas.

This information is valid as long as information remains current, but in no event later than 5/1/2027.

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Group Term To Age 100 Life Insurance (GPTLC)

from American Heritage Life Insurance Company

Amounts shown are subject to the Employer's underwriting offer and may require Evidence of Insurability (EOI)

Riders added to base life coverage where available

Issue Age: 18-75

Accelerated Death Benefit for Terminal Illness

Issue Age: 18-70

Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits - Also includes the Non-Forfeiture Credit.

Initial Death Benefit[1]	Level Premium Rates (to age 100) for Eligible Employees • Monthly (12Xs/Year) • Non-Tobacco							
	$90,000	$100,000	$110,000	$120,000	$140,000	$160,000	$180,000	$200,000
Issue Age	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium
18	$42.53	$47.25	$51.98	$56.70	$66.15	$75.60	$85.05	$94.50
19	$30.68	$34.08	$37.49	$40.90	$47.72	$54.53	$61.35	$68.17
20	$30.90	$34.33	$37.77	$41.20	$48.07	$54.93	$61.80	$68.67
21	$31.05	$34.50	$37.95	$41.40	$48.30	$55.20	$62.10	$69.00
22	$31.35	$34.83	$38.32	$41.80	$48.77	$55.73	$62.70	$69.67
23	$31.65	$35.17	$38.68	$42.20	$49.23	$56.27	$63.30	$70.33
24	$32.03	$35.58	$39.14	$42.70	$49.82	$56.93	$64.05	$71.17
25	$32.33	$35.92	$39.51	$43.10	$50.28	$57.47	$64.65	$71.83
26	$32.78	$36.42	$40.06	$43.70	$50.98	$58.27	$65.55	$72.83
27	$33.60	$37.33	$41.07	$44.80	$52.27	$59.73	$67.20	$74.67
28	$34.43	$38.25	$42.08	$45.90	$53.55	$61.20	$68.85	$76.50
29	$35.33	$39.25	$43.18	$47.10	$54.95	$62.80	$70.65	$78.50
30	$36.23	$40.25	$44.28	$48.30	$56.35	$64.40	$72.45	$80.50
31	$38.10	$42.34	$46.56	$50.80	$59.26	$67.74	$76.20	$84.66
32	$40.13	$44.58	$49.05	$53.50	$62.42	$71.33	$80.25	$89.17
33	$42.23	$46.92	$51.61	$56.30	$65.68	$75.07	$84.45	$93.83
34	$44.63	$49.59	$54.54	$59.50	$69.41	$79.34	$89.25	$99.16
35	$47.18	$52.41	$57.66	$62.90	$73.39	$83.86	$94.35	$104.84
36	$48.08	$53.41	$58.76	$64.10	$74.79	$85.46	$96.15	$106.84
37	$52.43	$58.25	$64.08	$69.90	$81.55	$93.20	$104.85	$116.50
38	$56.63	$62.92	$69.21	$75.50	$88.08	$100.67	$113.25	$125.83
39	$60.76	$67.50	$74.26	$81.00	$94.50	$108.00	$121.50	$135.00
40	$65.11	$72.33	$79.57	$86.80	$101.27	$115.73	$130.20	$144.67
41	$70.28	$78.08	$85.90	$93.70	$109.32	$124.93	$140.55	$156.17
42	$76.43	$84.92	$93.41	$101.90	$118.88	$135.87	$152.85	$169.83
43	$82.51	$91.66	$100.83	$110.00	$128.34	$146.66	$165.00	$183.34
44	$88.96	$98.83	$108.72	$118.60	$138.37	$158.13	$177.90	$197.67
45	$95.33	$105.92	$116.51	$127.10	$148.28	$169.47	$190.65	$211.83
46	$102.08	$113.41	$124.76	$136.10	$158.79	$181.46	$204.15	$226.84
47	$109.88	$122.08	$134.29	$146.50	$170.92	$195.33	$219.75	$244.17
48	$117.83	$130.92	$144.01	$157.10	$183.28	$209.47	$235.65	$261.83
49	$126.23	$140.25	$154.28	$168.30	$196.35	$224.40	$252.45	$280.50
50	$134.93	$149.91	$164.91	$179.90	$209.89	$239.86	$269.85	$299.84

[1]Initial Death Benefit is guaranteed level for the first five (5) years. An illustration will be provided with the issued certificate showing a listing of the guaranteed minimum death benefit and illustrated non-guaranteed death benefit payable by year to age 100.

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Issue Age: 18-75

Accelerated Death Benefit for Terminal Illness

Issue Age: 18-70

Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits - Also includes the Non-Forfeiture Credit.

Initial Death Benefit[1]	Level Premium Rates (to age 100) for Eligible Employees • Monthly (12Xs/Year) • Non-Tobacco							
	$10,000	$20,000	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000
Issue Age	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium
51	$16.40	$32.78	$49.18	$65.57	$81.96	$98.35	$114.75	$131.13
52	$17.96	$35.92	$53.88	$71.83	$89.79	$107.75	$125.71	$143.67
53	$19.56	$39.11	$58.68	$78.24	$97.79	$117.35	$136.91	$156.46
54	$20.96	$41.94	$62.90	$83.86	$104.84	$125.80	$146.76	$167.74
55	$23.29	$46.58	$69.88	$93.17	$116.46	$139.75	$163.04	$186.33
56	$25.22	$50.45	$75.68	$100.90	$126.13	$151.35	$176.57	$201.80
57	$27.14	$54.29	$81.43	$108.56	$135.71	$162.85	$189.99	$217.14
58	$29.08	$58.15	$87.23	$116.30	$145.38	$174.45	$203.53	$232.60
59	$31.32	$62.63	$93.95	$125.27	$156.58	$187.90	$219.22	$250.53
60	$33.61	$67.21	$100.83	$134.44	$168.04	$201.65	$235.26	$268.86
61	$36.55	$73.10	$109.66	$146.20	$182.75	$219.30	$255.85	$292.40
62	$39.88	$79.75	$119.63	$159.50	$199.38	$239.25	$279.13	$319.00
63	$43.29	$86.58	$129.88	$173.17	$216.46	$259.75	$303.04	$346.33
64	$46.89	$93.76	$140.65	$187.54	$234.41	$281.30	$328.19	$375.06
65	$50.56	$101.14	$151.70	$202.26	$252.84	$303.40	$353.96	$404.54
66	$55.52	$111.03	$166.55	$222.07	$277.58	$333.10	$388.62	$444.13
67	$60.86	$121.71	$182.58	$243.44	$304.29	$365.15	$426.01	$486.86
68	$66.36	$132.72	$199.08	$265.43	$331.80	$398.15	$464.51	$530.87
69	$71.90	$143.80	$215.70	$287.60	$359.50	$431.40	$503.30	$575.20
70	$77.61	$155.20	$232.81	$310.40	$388.01	$465.60	$543.21	$620.80

[1]Initial Death Benefit is guaranteed level for the first five (5) years. An illustration will be provided with the issued certificate showing a listing of the guaranteed minimum death benefit and illustrated non-guaranteed death benefit payable by year to age 100. ^Evidence of insurability (EOI) is required for ages 71-80 and quotes in excess of U/W offer.

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Group Term To Age 100 Life Insurance (GPTLC)

from American Heritage Life Insurance Company

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Riders added to base life coverage where available

Issue Age: 18-75

Accelerated Death Benefit for Terminal Illness

Issue Age: 18-70

Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits - Also includes the Non-Forfeiture Credit.

Initial Death Benefit[1]	Level Premium Rates (to age 100) for Eligible Employees • Monthly (12Xs/Year) • Non-Tobacco							
	$90,000	$100,000	$110,000	$120,000	$140,000	$160,000	$180,000	$200,000
Issue Age	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium
51	$147.53	$163.92	$180.31	$196.70	$229.48	$262.27	$295.05	$327.83
52	$161.63	$179.58	$197.54	$215.50	$251.42	$287.33	$323.25	$359.17
53	$176.03	$195.59	$215.14	$234.70	$273.81	$312.94	$352.05	$391.16
54	$188.70	$209.66	$230.64	$251.60	$293.54	$335.46	$377.40	$419.34
55	$209.63	$232.92	$256.21	$279.50	$326.08	$372.67	$419.25	$465.83
56	$227.03	$252.25	$277.48	$302.70	$353.15	$403.60	$454.05	$504.50
57	$244.28	$271.41	$298.56	$325.70	$379.99	$434.26	$488.55	$542.84
58	$261.68	$290.75	$319.83	$348.90	$407.05	$465.20	$523.35	$581.50
59	$281.85	$313.17	$344.48	$375.80	$438.43	$501.07	$563.70	$626.33
60	$302.48	$336.09	$369.69	$403.30	$470.51	$537.74	$604.95	$672.16
61	$328.96	$365.50	$402.05	$438.60	$511.70	$584.80	$657.90	$731.00
62	$358.88	$398.75	$438.63	$478.50	$558.25	$638.00	$717.75	$797.50
63	$389.63	$432.92	$476.21	$519.50	$606.08	$692.67	$779.25	$865.83
64	$421.95	$468.84	$515.71	$562.60	$656.36	$750.14	$843.90	$937.66
65	$455.10	$505.66	$556.24	$606.80	$707.94	$809.06	$910.20	$1,011.34
66	$499.65	$555.17	$610.68	$666.20	$777.23	$888.27	$999.30	$1,110.33
67	$547.73	$608.59	$669.44	$730.30	$852.01	$973.74	$1,095.45	$1,217.16
68	$597.23	$663.58	$729.95	$796.30	$929.02	$1,061.73	$1,194.45	$1,327.17
69	$647.10	$719.00	$790.90	$862.80	$1,006.60	$1,150.40	$1,294.20	$1,438.00
70	$698.41	$776.00	$853.61	$931.20	$1,086.40	$1,241.60	$1,396.80	$1,552.00

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from American Heritage Life Insurance Company

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Riders added to base life coverage where available

Issue Age: 18-75
Accelerated Death Benefit for Terminal Illness

Issue Age: 18-70
Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits - Also includes the Non-Forfeiture Credit.

Initial Death Benefit[1]	Level Premium Rates (to age 100) for Eligible Employees • Monthly (12Xs/Year) • Tobacco							
	$10,000	$20,000	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000
Issue Age	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium
18	Issue age 18 will always be issued Nontobacco.							
19	$3.74	$7.49	$11.23	$14.96	$18.71	$22.45	$26.19	$29.94
20	$3.93	$7.87	$11.80	$15.73	$19.67	$23.60	$27.53	$31.47
21	$4.12	$8.23	$12.35	$16.47	$20.58	$24.70	$28.82	$32.93
22	$4.31	$8.64	$12.95	$17.26	$21.59	$25.90	$30.21	$34.54
23	$4.52	$9.03	$13.55	$18.07	$22.58	$27.10	$31.62	$36.13
24	$4.73	$9.45	$14.18	$18.90	$23.62	$28.35	$33.08	$37.80
25	$4.92	$9.85	$14.78	$19.70	$24.63	$29.55	$34.47	$39.40
26	$5.09	$10.18	$15.28	$20.37	$25.46	$30.55	$35.64	$40.73
27	$5.30	$10.60	$15.90	$21.20	$26.50	$31.80	$37.10	$42.40
28	$5.51	$11.02	$16.53	$22.03	$27.55	$33.05	$38.56	$44.07
29	$5.73	$11.45	$17.18	$22.90	$28.63	$34.35	$40.08	$45.80
30	$5.95	$11.88	$17.83	$23.77	$29.71	$35.65	$41.60	$47.53
31	$6.15	$12.30	$18.45	$24.60	$30.75	$36.90	$43.05	$49.20
32	$6.38	$12.75	$19.13	$25.50	$31.88	$38.25	$44.63	$51.00
33	$6.61	$13.21	$19.83	$26.44	$33.04	$39.65	$46.26	$52.86
34	$6.87	$13.75	$20.63	$27.50	$34.38	$41.25	$48.12	$55.00
35	$7.16	$14.32	$21.48	$28.63	$35.79	$42.95	$50.11	$57.27
36	$7.69	$15.39	$23.08	$30.76	$38.46	$46.15	$53.84	$61.54
37	$8.39	$16.78	$25.18	$33.57	$41.96	$50.35	$58.74	$67.13
38	$9.12	$18.23	$27.35	$36.47	$45.58	$54.70	$63.82	$72.93
39	$9.87	$19.73	$29.61	$39.47	$49.34	$59.20	$69.07	$78.93
40	$10.60	$21.20	$31.81	$42.40	$53.00	$63.60	$74.20	$84.80
41	$11.56	$23.14	$34.70	$46.26	$57.84	$69.40	$80.96	$92.54
42	$12.67	$25.33	$38.01	$50.67	$63.34	$76.00	$88.67	$101.33
43	$13.74	$27.49	$41.23	$54.96	$68.71	$82.45	$96.19	$109.94
44	$14.87	$29.73	$44.61	$59.47	$74.34	$89.20	$104.07	$118.93
45	$15.95	$31.90	$47.86	$63.80	$79.75	$95.70	$111.65	$127.60
46	$17.14	$34.27	$51.41	$68.53	$85.67	$102.80	$119.94	$137.07
47	$18.50	$37.00	$55.50	$74.00	$92.50	$111.00	$129.50	$148.00
48	$19.93	$39.85	$59.78	$79.70	$99.62	$119.55	$139.48	$159.40
49	$21.40	$42.80	$64.20	$85.60	$107.00	$128.40	$149.80	$171.20
50	$22.87	$45.75	$68.63	$91.50	$114.38	$137.25	$160.12	$183.00

[1]Initial Death Benefit is guaranteed level for the first five (5) years. An illustration will be provided with the issued certificate showing a listing of the guaranteed minimum death benefit and illustrated non-guaranteed death benefit payable by year to age 100.

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Group Term To Age 100 Life Insurance (GPTLC)

from American Heritage Life Insurance Company

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Riders added to base life coverage where available

Issue Age: 18-75
Accelerated Death Benefit for Terminal Illness

Issue Age: 18-70
Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits - Also includes the Non-Forfeiture Credit.

Initial Death Benefit[1]	Level Premium Rates (to age 100) for Eligible Employees • Monthly (12Xs/Year) • Tobacco							
	$90,000	$100,000	$110,000	$120,000	$140,000	$160,000	$180,000	$200,000
Issue Age	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium
18	Issue age 18 will always be issued Nontobacco.							
19	$33.68	$37.41	$41.16	$44.90	$52.39	$59.86	$67.35	$74.84
20	$35.40	$39.33	$43.27	$47.20	$55.07	$62.93	$70.80	$78.67
21	$37.05	$41.17	$45.28	$49.40	$57.63	$65.87	$74.10	$82.33
22	$38.85	$43.16	$47.49	$51.80	$60.44	$69.06	$77.70	$86.34
23	$40.65	$45.17	$49.68	$54.20	$63.23	$72.27	$81.30	$90.33
24	$42.53	$47.25	$51.97	$56.70	$66.15	$75.60	$85.05	$94.50
25	$44.33	$49.25	$54.18	$59.10	$68.95	$78.80	$88.65	$98.50
26	$45.83	$50.92	$56.01	$61.10	$71.28	$81.47	$91.65	$101.83
27	$47.70	$53.00	$58.30	$63.60	$74.20	$84.80	$95.40	$106.00
28	$49.58	$55.08	$60.60	$66.10	$77.12	$88.13	$99.15	$110.17
29	$51.53	$57.25	$62.98	$68.70	$80.15	$91.60	$103.05	$114.50
30	$53.48	$59.42	$65.36	$71.30	$83.18	$95.07	$106.95	$118.83
31	$55.35	$61.50	$67.65	$73.80	$86.10	$98.40	$110.70	$123.00
32	$57.38	$63.75	$70.13	$76.50	$89.25	$102.00	$114.75	$127.50
33	$59.48	$66.09	$72.69	$79.30	$92.51	$105.74	$118.95	$132.16
34	$61.88	$68.75	$75.63	$82.50	$96.25	$110.00	$123.75	$137.50
35	$64.43	$71.58	$78.74	$85.90	$100.22	$114.53	$128.85	$143.17
36	$69.23	$76.91	$84.61	$92.30	$107.69	$123.06	$138.45	$153.84
37	$75.53	$83.92	$92.31	$100.70	$117.48	$134.27	$151.05	$167.83
38	$82.05	$91.17	$100.28	$109.40	$127.63	$145.87	$164.10	$182.33
39	$88.81	$98.67	$108.54	$118.40	$138.13	$157.87	$177.60	$197.33
40	$95.41	$106.00	$116.60	$127.20	$148.40	$169.60	$190.80	$212.00
41	$104.10	$115.66	$127.24	$138.80	$161.94	$185.06	$208.20	$231.34
42	$114.01	$126.67	$139.34	$152.00	$177.33	$202.67	$228.00	$253.33
43	$123.68	$137.41	$151.16	$164.90	$192.39	$219.86	$247.35	$274.84
44	$133.81	$148.67	$163.54	$178.40	$208.13	$237.87	$267.60	$297.33
45	$143.56	$159.50	$175.45	$191.40	$223.30	$255.20	$287.10	$319.00
46	$154.21	$171.33	$188.47	$205.60	$239.87	$274.13	$308.40	$342.67
47	$166.50	$185.00	$203.50	$222.00	$259.00	$296.00	$333.00	$370.00
48	$179.33	$199.25	$219.17	$239.10	$278.95	$318.80	$358.65	$398.50
49	$192.60	$214.00	$235.40	$256.80	$299.60	$342.40	$385.20	$428.00
50	$205.88	$228.75	$251.63	$274.50	$320.25	$366.00	$411.75	$457.50

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Riders added to base life coverage where available

Issue Age: 18-75
Accelerated Death Benefit for Terminal Illness

Issue Age: 18-70
Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits - Also includes the Non-Forfeiture Credit.

Initial Death Benefit[1]	Level Premium Rates (to age 100) for Eligible Employees • Monthly (12Xs/Year) • -Tobacco							
	$10,000	$20,000	$30,000	$40,000	$50,000	$60,000	$70,000	$80,000
Issue Age	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium
51	$24.86	$49.71	$74.58	$99.44	$124.29	$149.15	$174.01	$198.86
52	$26.95	$53.90	$80.86	$107.80	$134.75	$161.70	$188.65	$215.60
53	$29.15	$58.30	$87.46	$116.60	$145.75	$174.90	$204.05	$233.20
54	$31.11	$62.22	$93.33	$124.43	$155.55	$186.65	$217.76	$248.87
55	$32.93	$65.86	$98.81	$131.74	$164.67	$197.60	$230.53	$263.46
56	$35.46	$70.92	$106.38	$141.83	$177.30	$212.75	$248.21	$283.67
57	$37.88	$75.75	$113.63	$151.50	$189.37	$227.25	$265.13	$303.00
58	$40.25	$80.50	$120.75	$161.00	$201.25	$241.50	$281.75	$322.00
59	$42.99	$85.98	$128.98	$171.97	$214.96	$257.95	$300.94	$343.93
60	$45.78	$91.55	$137.33	$183.10	$228.87	$274.65	$320.43	$366.20
61	$49.32	$98.65	$147.98	$197.30	$246.63	$295.95	$345.27	$394.60
62	$53.22	$106.43	$159.65	$212.87	$266.08	$319.30	$372.52	$425.73
63	$57.09	$114.18	$171.28	$228.37	$285.46	$342.55	$399.64	$456.73
64	$61.09	$122.16	$183.25	$244.34	$305.41	$366.50	$427.59	$488.66
65	$64.97	$129.95	$194.93	$259.90	$324.88	$389.85	$454.82	$519.80
66	$71.21	$142.42	$213.63	$284.83	$356.04	$427.25	$498.46	$569.67
67	$77.72	$155.43	$233.15	$310.87	$388.58	$466.30	$544.02	$621.73
68	$84.25	$168.50	$252.75	$337.00	$421.25	$505.50	$589.75	$674.00
69	$90.73	$181.45	$272.18	$362.90	$453.63	$544.35	$635.08	$725.80
70	$97.22	$194.43	$291.66	$388.87	$486.09	$583.30	$680.52	$777.73

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Issue Age: 18-75
Accelerated Death Benefit for Terminal Illness

Issue Age: 18-70
Accelerated Death Benefit for Long Term Care with Restoration of Benefits and Extension of Benefits - Also includes the Non-Forfeiture Credit.

Initial Death Benefit[1]	Level Premium Rates (to age 100) for Eligible Employees • Monthly (12Xs/Year) • -Tobacco							
	$90,000	$100,000	$110,000	$120,000	$140,000	$160,000	$180,000	$200,000
Issue Age	Premium	Premium	Premium	Premium	Premium	Premium	Premium	Premium
51	$223.73	$248.59	$273.44	$298.30	$348.01	$397.74	$447.45	$497.16
52	$242.56	$269.50	$296.45	$323.40	$377.30	$431.20	$485.10	$539.00
53	$262.36	$291.50	$320.65	$349.80	$408.10	$466.40	$524.70	$583.00
54	$279.98	$311.08	$342.20	$373.30	$435.52	$497.73	$559.95	$622.17
55	$296.41	$329.34	$362.27	$395.20	$461.06	$526.94	$592.80	$658.66
56	$319.13	$354.58	$390.05	$425.50	$496.42	$567.33	$638.25	$709.17
57	$340.88	$378.75	$416.62	$454.50	$530.25	$606.00	$681.75	$757.50
58	$362.25	$402.50	$442.75	$483.00	$563.50	$644.00	$724.50	$805.00
59	$386.93	$429.92	$472.91	$515.90	$601.88	$687.87	$773.85	$859.83
60	$411.98	$457.75	$503.52	$549.30	$640.85	$732.40	$823.95	$915.50
61	$443.93	$493.25	$542.58	$591.90	$690.55	$789.20	$887.85	$986.50
62	$478.95	$532.17	$585.38	$638.60	$745.03	$851.47	$957.90	$1,064.33
63	$513.83	$570.92	$628.01	$685.10	$799.28	$913.47	$1,027.65	$1,141.83
64	$549.75	$610.84	$671.91	$733.00	$855.16	$977.34	$1,099.50	$1,221.66
65	$584.78	$649.75	$714.73	$779.70	$909.65	$1,039.60	$1,169.55	$1,299.50
66	$640.88	$712.08	$783.29	$854.50	$996.92	$1,139.33	$1,281.75	$1,424.17
67	$699.45	$777.17	$854.88	$932.60	$1,088.03	$1,243.47	$1,398.90	$1,554.33
68	$758.25	$842.50	$926.75	$1,011.00	$1,179.50	$1,348.00	$1,516.50	$1,685.00
69	$816.53	$907.25	$997.98	$1,088.70	$1,270.15	$1,451.60	$1,633.05	$1,814.50
70	$874.96	$972.17	$1,069.39	$1,166.60	$1,361.03	$1,555.47	$1,749.90	$1,944.33

[1]Initial Death Benefit is guaranteed level for the first five (5) years. An illustration will be provided with the issued certificate showing a listing of the guaranteed minimum death benefit and illustrated non-guaranteed death benefit payable by year to age 100. ^Evidence of insurability (EOI) is required for ages 71-80 and quotes in excess of U/W offer.

When applying for coverage, the appropriate Illustration Certification must be completed in all states.

This rate insert is not to be used on its own and is for use with materials/accounts situsued in Texas.

This information is valid as long as information remains current, but in no event later than 5/1/2027.

This is a brief overview of the benefits available under the group voluntary policy underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Details of the insurance, including exclusions, restrictions, and other provisions are included in the certificates issued. For additional information, you may contact your Representative at The Standard.

Underwritten by American Heritage Life Insurance Company (Home Office, Jacksonville, FL). Insurance products are offered by American Heritage Life Insurance Company, Jacksonville, Florida in all states except New York. This information highlights some features of the policy/certificate but is not the insurance contract. Only the actual policy/certificate provisions control.

Group 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. Waco ISD provides all eligible employees a $15,000 policy. The cost of this policy is paid for 100% by Waco ISD. This is a group term life policy that is in effect only while you are employed by Waco ISD.

Voluntary Term Life Insurance

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan. 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. Limitations apply, please see policy for details. Visit the Employee Benefits Center for more details.



SUPPLEMENTAL GROUP LIFE AND AD&D

PREMIUM RATE GRID

BlueCross BlueShield of Texas

WACO ISD / TEEBC TRUST F021842 - 337 Class 2

Eligibility

All Active Employees regularly working 20 hours per week are eligible for insurance on the first of the month following their date of hire.

Supplemental Life/AD&D Insurance

Employee Benefit: **$10,000 - $100,000 in $10,000 increments.**

Dependent Life Only

Dependent Benefit:	Spouse	Child(ren)
Option 1	**$5,000**	**$2,000**
Option 2	**$10,000**	**$5,000**
Option 3	**$15,000**	**$5,000**
Option 4	**$20,000**	**$5,000**
Option 5	**$25,000**	**$5,000**

Dependent Coverage may not exceed 50% of the Employee Amount.

Note: Spouse may not have coverage unless the employee has coverage.

EMPLOYEE Supplemental Life/AD&D Semi-Monthly rates per $1,000	
Age	**Rates**
All Ages	$0.0665

Guarantee Issue:	
Employee:	**$100,000**
Spouse:	**$10,000**
Child:	**$5,000**

Employee: Life and AD&D benefits reduce by 35% of the original amount at age 65, by 55% at age 70, by 70% at age 75 and by 80% at age 80. All benefits terminate at retirement.
Spouse: Benefits terminate at Employee's age 70.

Supplemental Life/AD&D Insurance
Semi-Monthly Premium Cost (Based on 24 payroll deductions per year)

Employee				**Dependent Spouse & Child (Life Only)**	
Benefit Amount		**Premium**		**Option**	**Premium**
$10,000		$0.67		1	$0.25
$20,000		$1.33		2	$0.53
$30,000		$2.00		3	$0.63
$40,000		$2.66		4	$0.73
$50,000		$3.33		5	$0.83
$60,000		$3.99			
$70,000		$4.66			
$80,000		$5.32			
$90,000		$5.99			
$100,000		$6.65			

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans. Policy Provisions may vary by state. Refer to a certificate or enrollment brochure for details about coverage features and limitations.

Long Term Disability Insurance

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

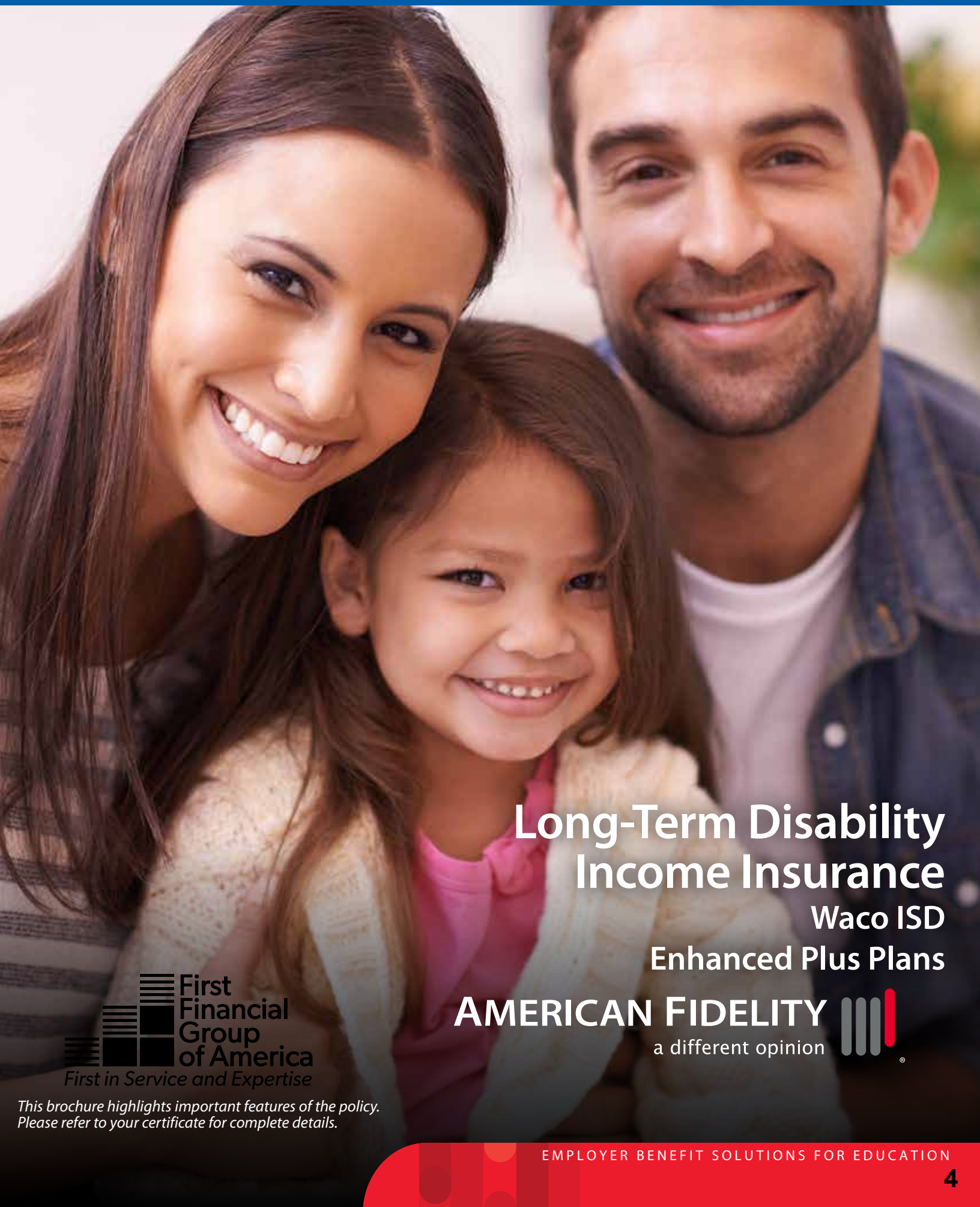
Why Do I Need Disability Insurance?

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

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

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





Long-Term Disability Income Insurance

Waco ISD

Enhanced Plus Plans

First Financial Group of America

First in Service and Expertise

AMERICAN FIDELITY

a different opinion

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

Disability income insurance is here for you.

- **Salary Protection for You and Your Loved Ones**
  Provides a steady benefit to cover expenses while you are unable to work. The plan makes it easy to help protect your future income in case of a sudden injury or sickness.
- **Several Elimination Periods Available**
  Based on your individual need, there are various elimination periods for you to choose from. The plan pays a percentage of your gross monthly income once you have satisfied the elimination period.
- **Benefit Payments Made Directly to You**
  Your monthly benefit payments may be deposited directly into your bank account. This gives you the freedom to pay your living expenses and make other purchases as you see fit.
- **Social Security Filing Assistance**
  If we determine you are a likely candidate for social security disability benefits, we can assist you with the application and appeal process.



Choose the Right Plan for You

Benefits Begin

Plan I - On the 1st day of Disability due to a covered Injury and on the 4th day of Disability due to a covered Sickness.

Plan II - On the 15th day of Disability due to a covered Injury or Sickness.

Plan III - On the 31st day of Disability due to a covered Injury or Sickness.

Plan IV - On the 61st day of Disability due to a covered Injury or Sickness.

Plan V - On the 91st day of Disability due to a covered Injury or Sickness.

Plan VI - On the 151st day of Disability due to a covered Injury or Sickness.

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

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

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.

In 2015, 77% of injuries requiring medical attention suffered by workers occured off the job.

National Safety Council, Injury Facts, 2017 Edition, p. 63.



Benefits Are Payable

Benefits are payable to the period of time shown in the chart below, based on your age as of the date Disability due to a covered Injury or Sickness begins.

Age	Maximum Benefit Period
Less than age 60	To Social Security Normal Retirement Age (SSNRA)*
60	60 months, or to SSNRA*, whichever is greater
61	48 months, or to SSNRA*, whichever is greater
62	42 months, or to SSNRA*, whichever is greater
63	36 months, or to SSNRA*, whichever is greater
64	30 months, or to SSNRA*, whichever is greater
65	24 months, or to SSNRA*, whichever is greater
66	21 months, or to SSNRA*, whichever is greater
67	18 months, or to SSNRA*, whichever is greater
68	15 months, or to SSNRA*, whichever is greater
Age 69 or older	12 months, or to SSNRA*, whichever is greater

**Age at which you are entitled to unreduced Social Security benefits based on current Social Security Amendments.*

If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary.

Policy Provisions and Plan Features

Eligibility

All permanent employees in subscribing group working 20 hours or more per week. Regarding your eligibility, we may require proof of good health and will rely on answers given on your application to determine if coverage can be issued. Regardless of your health at the time of application, if coverage is approved and issued, claims incurred while coverage is in force will be subject to all terms of the Policy including any Pre-Existing Condition limitation.

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
Sickness - $50.00

If you need personal treatment by a Physician due to an Injury or Sickness, we will pay the amount shown above provided no other claim has been paid under the Policy. This benefit will be paid for Sickness only if the treatment is received during one full day of Disability during which you missed one full day of work. To be eligible for more than one payment for the same or related condition due to Sickness, you must have returned to work for at least 14 consecutive scheduled workdays. You are not required to miss one full day of work in order to receive the Injury benefit.

Accidental Death Benefit

A lump sum of $20,000 will be paid to your designated beneficiary if you die as the direct result of an injury within 90 days after the injury.

Hospital Confinement Benefit

A Hospital Confinement Benefit will be paid each day you are confined as a patient in a Hospital due to an Injury or Sickness, for up to 60 days. The amount payable is 1 times the Disability Benefit which will be pro-rated on a daily basis. This benefit will not be reduced by Deductible Sources of Income. The Hospital confinement must be at least 18 continuous hours in duration. This benefit will begin after your satisfaction of the elimination period.

Waiver of Premium

No premium payments are required while you are receiving payments under the plan after disability payments have been received for 180 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.
- Workers' Compensation law, occupational disease law or any similar act or law.
- Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 90 (Plans I, II, III, IV, and V) and 150 (Plan VI) 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 12 months of disability means that you are unable to perform the material and substantial duties of your regular occupation. After that, disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

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

Policy Benefit Limitations and Exclusions



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 means: 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

A limited benefit up to 1 month's Disability Benefit will be payable for Disability due to a Pre-Existing Condition. 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.

Any increase in benefits will be subject to this pre-existing condition limitation. A new pre-existing condition period must be satisfied 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.

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.

Your coverage may be continued 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.



There is a *3 in 10* chance of a person suffering a disabling illness or injury that would keep them out of work for three months or more.

LIMRA: 2015 Disability Insurance Awareness Month; May 2015.

Benefit Policy Schedule

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

			Semi-Monthly Premiums					
Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Plan I (1st/4th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
$286.00 - $428.99	$200.00	$20,000.00	$4.94	$3.52	$2.82	$2.20	$1.84	$1.38
$429.00 - $571.99	$300.00	$20,000.00	$7.41	$5.28	$4.23	$3.30	$2.76	$2.07
$572.00 - $714.99	$400.00	$20,000.00	$9.88	$7.04	$5.64	$4.40	$3.68	$2.76
$715.00 - $857.99	$500.00	$20,000.00	$12.35	$8.80	$7.05	$5.50	$4.60	$3.45
$858.00 - $999.99	$600.00	$20,000.00	$14.82	$10.56	$8.46	$6.60	$5.52	$4.14
$1,000.00 - $1,142.99	$700.00	$20,000.00	$17.29	$12.32	$9.87	$7.70	$6.44	$4.83
$1,143.00 - $1,285.99	$800.00	$20,000.00	$19.76	$14.08	$11.28	$8.80	$7.36	$5.52
$1,286.00 - $1,428.99	$900.00	$20,000.00	$22.23	$15.84	$12.69	$9.90	$8.28	$6.21
$1,429.00 - $1,571.99	$1,000.00	$20,000.00	$24.70	$17.60	$14.10	$11.00	$9.20	$6.90
$1,572.00 - $1,714.99	$1,100.00	$20,000.00	$27.17	$19.36	$15.51	$12.10	$10.12	$7.59
$1,715.00 - $1,857.99	$1,200.00	$20,000.00	$29.64	$21.12	$16.92	$13.20	$11.04	$8.28
$1,858.00 - $1,999.99	$1,300.00	$20,000.00	$32.11	$22.88	$18.33	$14.30	$11.96	$8.97
$2,000.00 - $2,142.99	$1,400.00	$20,000.00	$34.58	$24.64	$19.74	$15.40	$12.88	$9.66
$2,143.00 - $2,285.99	$1,500.00	$20,000.00	$37.05	$26.40	$21.15	$16.50	$13.80	$10.35
$2,286.00 - $2,428.99	$1,600.00	$20,000.00	$39.52	$28.16	$22.56	$17.60	$14.72	$11.04
$2,429.00 - $2,571.99	$1,700.00	$20,000.00	$41.99	$29.92	$23.97	$18.70	$15.64	$11.73
$2,572.00 - $2,714.99	$1,800.00	$20,000.00	$44.46	$31.68	$25.38	$19.80	$16.56	$12.42
$2,715.00 - $2,857.99	$1,900.00	$20,000.00	$46.93	$33.44	$26.79	$20.90	$17.48	$13.11
$2,858.00 - $2,999.99	$2,000.00	$20,000.00	$49.40	$35.20	$28.20	$22.0	$18.40	$13.80
$3,000.00 - $3,142.99	$2,100.00	$20,000.00	$51.87	$36.96	$29.61	$23.10	$19.32	$14.49
$3,143.00 - $3,285.99	$2,200.00	$20,000.00	$54.34	$38.72	$31.02	$24.20	$20.24	$15.18
$3,286.00 - $3,428.99	$2,300.00	$20,000.00	$56.81	$40.48	$32.43	$25.30	$21.16	$15.87
$3,429.00 - $3,571.99	$2,400.00	$20,000.00	$59.28	$42.24	$33.84	$26.40	$22.08	$16.56
$3,572.00 - $3,714.99	$2,500.00	$20,000.00	$61.75	$44.00	$35.25	$27.50	$23.00	$17.25
$3,715.00 - $3,857.99	$2,600.00	$20,000.00	$64.22	$45.76	$36.66	$28.60	$23.92	$17.94
$3,858.00 - $3,999.99	$2,700.00	$20,000.00	$66.69	$47.52	$38.07	$29.70	$24.84	$18.63
$4,000.00 - $4,142.99	$2,800.00	$20,000.00	$69.16	$49.28	$39.48	$30.80	$25.76	$19.32
$4,143.00 - $4,285.99	$2,900.00	$20,000.00	$71.63	$51.04	$40.89	$31.90	$26.68	$20.01
$4,286.00 - $4,428.99	$3,000.00	$20,000.00	$74.10	$52.80	$42.30	$33.00	$27.60	$20.70
$4,429.00 - $4,571.99	$3,100.00	$20,000.00	$76.57	$54.56	$43.71	$34.10	$28.52	$21.39
$4,572.00 - $4,714.99	$3,200.00	$20,000.00	$79.04	$56.32	$45.12	$35.20	$29.44	$22.08
$4,715.00 - $4,857.99	$3,300.00	$20,000.00	$81.51	$58.08	$46.53	$36.30	$30.36	$22.77
$4,858.00 - $4,999.99	$3,400.00	$20,000.00	$83.98	$59.84	$47.94	$37.40	$31.28	$23.46
$5,000.00 - $5,142.99	$3,500.00	$20,000.00	$86.45	$61.60	$49.35	$38.50	$32.20	$24.15
$5,143.00 - $5,285.99	$3,600.00	$20,000.00	$88.92	$63.36	$50.76	$39.60	$33.12	$24.84
$5,286.00 - $5,428.99	$3,700.00	$20,000.00	$91.39	$65.12	$52.17	$40.70	$34.04	$25.53
$5,429.00 - $5,571.99	$3,800.00	$20,000.00	$93.86	$66.88	$53.58	$41.80	$34.96	$26.22

Benefit Policy Schedule (continued)

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

			Semi-Monthly Premiums					
Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Plan I (1st/4th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
$5,572.00 - $5,714.99	$3,900.00	$20,000.00	$96.33	$68.64	$54.99	$42.90	$35.88	$26.91
$5,715.00 - $5,857.99	$4,000.00	$20,000.00	$98.80	$70.40	$56.40	$44.00	$36.80	$27.60
$5,858.00 - $5,999.99	$4,100.00	$20,000.00	$101.27	$72.16	$57.81	$45.10	$37.72	$28.29
$6,000.00 - $6,142.99	$4,200.00	$20,000.00	$103.74	$73.92	$59.22	$46.20	$38.64	$28.98
$6,143.00 - $6,285.99	$4,300.00	$20,000.00	$106.21	$75.68	$60.63	$47.30	$39.56	$29.67
$6,286.00 - $6,428.99	$4,400.00	$20,000.00	$108.68	$77.44	$62.04	$48.40	$40.48	$30.36
$6,429.00 - $6,571.99	$4,500.00	$20,000.00	$111.15	$79.20	$63.45	$49.50	$41.40	$31.05
$6,572.00 - $6,714.99	$4,600.00	$20,000.00	$113.62	$80.96	$64.86	$50.60	$42.32	$31.74
$6,715.00 - $6,857.99	$4,700.00	$20,000.00	$116.09	$82.72	$66.27	$51.70	$43.24	$32.43
$6,858.00 - $6,999.99	$4,800.00	$20,000.00	$118.56	$84.48	$67.68	$52.80	$44.16	$33.12
$7,000.00 - $7,142.99	$4,900.00	$20,000.00	$121.03	$86.24	$69.09	$53.90	$45.08	$33.81
$7,143.00 - $7,285.99	$5,000.00	$20,000.00	$123.50	$88.00	$70.50	$55.00	$46.00	$34.50
$7,286.00 - $7,428.99	$5,100.00	$20,000.00	$125.97	$89.76	$71.91	$56.10	$46.92	$35.19
$7,429.00 - $7,571.99	$5,200.00	$20,000.00	$128.44	$91.52	$73.32	$57.20	$47.84	$35.88
$7,572.00 - $7,714.99	$5,300.00	$20,000.00	$130.91	$93.28	$74.73	$58.30	$48.76	$36.57
$7,715.00 - $7,857.99	$5,400.00	$20,000.00	$133.38	$95.04	$76.14	$59.40	$49.68	$37.26
$7,858.00 - $7,999.99	$5,500.00	$20,000.00	$135.85	$96.80	$77.55	$60.50	$50.60	$37.95
$8,000.00 - $8,142.99	$5,600.00	$20,000.00	$138.32	$98.56	$78.96	$61.60	$51.52	$38.64
$8,143.00 - $8,285.99	$5,700.00	$20,000.00	$140.79	$100.32	$80.37	$62.70	$52.44	$39.33
$8,286.00 - $8,428.99	$5,800.00	$20,000.00	$143.26	$102.08	$81.78	$63.80	$53.36	$40.02
$8,429.00 - $8,571.99	$5,900.00	$20,000.00	$145.73	$103.84	$83.19	$64.90	$54.28	$40.71
$8,572.00 - $8,713.99	$6,000.00	$20,000.00	$148.20	$105.60	$84.60	$66.00	$55.20	$41.40
$8,714.00 - $8,856.99	$6,100.00	$20,000.00	$150.67	$107.36	$86.01	$67.10	$56.12	$42.09
$8,857.00 - $8,999.99	$6,200.00	$20,000.00	$153.14	$109.12	$87.42	$68.20	$57.04	$42.78
$9,000.00 - $9,142.99	$6,300.00	$20,000.00	$155.61	$110.88	$88.83	$69.30	$57.96	$43.47
$9,143.00 - $9,285.99	$6,400.00	$20,000.00	$158.08	$112.64	$90.24	$70.40	$58.88	$44.16
$9,286.00 - $9,428.99	$6,500.00	$20,000.00	$160.55	$114.40	$91.65	$71.50	$59.80	$44.85
$9,429.00 - $9,570.99	$6,600.00	$20,000.00	$163.02	$116.16	$93.06	$72.60	$60.72	$45.54
$9,571.00 - $9,713.99	$6,700.00	$20,000.00	$165.49	$117.92	$94.47	$73.70	$61.64	$46.23
$9,714.00 - $9,856.99	$6,800.00	$20,000.00	$167.96	$119.68	$95.88	$74.80	$62.56	$46.92
$9,857.00 - $9,999.99	$6,900.00	$20,000.00	$170.43	$121.44	$97.29	$75.90	$63.48	$47.61
$10,000.00 - $10,142.99	$7,000.00	$20,000.00	$172.90	$123.20	$98.70	$77.00	$64.40	$48.30
$10,143.00 - $10,285.99	$7,100.00	$20,000.00	$175.37	$124.96	$100.11	$78.10	$65.32	$48.99
$10,286.00 - $10,428.99	$7,200.00	$20,000.00	$177.84	$126.72	$101.52	$79.20	$66.24	$49.68
$10,429.00 - $10,570.99	$7,300.00	$20,000.00	$180.31	$128.48	$102.93	$80.30	$67.16	$50.37
$10,571.00 - $10,713.99	$7,400.00	$20,000.00	$182.78	$130.24	$104.34	$81.40	$68.08	$51.06
$10,714.00 - And Over	$7,500.00	$20,000.00	$185.25	$132.00	$105.75	$82.50	$69.00	$51.75

Hospital Indemnity Limited Benefit Rider

This rider is designed to pay a daily benefit amount for a Hospital Confinement, up to a maximum of 90 days, if you are confined to a Hospital.

Summary of Hospital Indemnity Limited Benefit Rider Benefits:

Benefits are not payable for Injury or Sickness incurred in the first 12 months of coverage due to a pre-existing condition as defined in the base policy. Patient must be confined to a Hospital for a minimum of 18 hours and charged room and board.

Hospital Indemnity Limited Benefit Rider	
Daily Benefit Amount	**Semi-Monthly Premium**
$100.00	$3.00
$150.00	$4.50

Spousal Accident Only Disability Benefit Rider

This rider is designed to provide a monthly benefit if your spouse suffers a Disability due to a non-occupational accident.

Summary of Accident Only Spousal Benefit Rider Benefits:

Pays a monthly benefit amount to you for your spouse who is disabled as a result of a non-occupational accident. Benefits begin on the 31st consecutive day after the Injury and will continue for up to two years.

Spousal Accident Only Disability Benefit Rider		
Monthly Benefit Amount	**Annual Salary**	**Semi-Monthly Premium**
$500.00	up to $10,000.00	$2.00
$1,000.00	$10,001.00 - $20,000.00	$4.00
$1,500.00	$20,001.00 - $30,000.00	$6.00
$2,000.00	$30,001.00 and over.	$8.00

COBRA Funding Rider

This rider is designed to help cover the cost of COBRA premiums if you elect COBRA coverage while you are receiving Disability Benefits.

Summary of COBRA Funding Rider Benefits:

In order to receive benefits under this Rider, you must: be receiving benefits under your Disability base plan; elect medical COBRA coverage; and be paying medical COBRA premiums. This benefit will pay up to the end of the disability benefit period or to the end of your medical COBRA benefit period, whichever occurs first.

COBRA Funding Rider	
Monthly Benefit Amount	**Semi-Monthly Premium**
$300.00	$2.25
$600.00	$4.50

Survivor Benefit Rider

This rider is designed to provide a benefit to your beneficiary or estate, if you die while receiving Disability Benefits.

Summary of Survivor Benefit Rider Benefits:

Benefits are payable if you have been disabled and not working for at least 90 days, and die while receiving Disability Benefits. Pays a monthly benefit up to one year or until the maximum disability period is exhausted, whichever occurs first.

Survivor Benefit Rider	
Monthly Benefit Amount	**Semi-Monthly Premium**
$2,000.00	$1.70

Critical Illness Benefit Rider

This rider is designed to provide a lump sum benefit based on diagnosis of a certain critical illness.

Summary of Critical Illness Benefit Rider Benefits:

Benefits are payable at a one-time lump sum benefit amount based on diagnosis of the following conditions Heart Attack, Stroke, Kidney Failure, Paralysis, or Major Organ Failure. In the case of Heart Attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

Critical Illness Benefit Rider	
Benefit Amount	**Semi-Monthly Premium**
$10,000.00	$4.90
$15,000.00	$6.59
$20,000.00	$8.28
$25,000.00	$9.97

NEW

Hospital Indemnity Insurance

MetLife | www.metlife.com/mybenefits | 800-638-5433

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

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

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

Hospital Indemnity Semi-Monthly Premiums			
	Low Plan	High Plan	Highest Plan
Employee Only	$7.62	$12.16	$19.63
Employee + Spouse	$13.92	$22.24	$35.89
Employee + Children	$11.70	$18.78	$30.25
Employee + Family	$18.01	$28.86	$46.51



Hospital Indemnity Insurance

Coverage to help with unexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.

Hospital Indemnity Insurance Benefits

With MetLife's Hospital Indemnity Insurance, you'll have a choice of three plans (called the "Low Plan", the "High Plan" and the "Highest Plan") which provide benefit payments for covered events regardless of any other insurance payments you may receive . Here are just some of the covered benefits/services[B], when an accident or illness puts you in the hospital.[A]

Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits. [C]

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan	Highest Plan
Hospital Benefits					
Admission Benefit	4 time(s) per calendar year[1]	Admission	$1,000	$1,500	$2,500
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	$1,000	$1,500	$2,500
Confinement Benefit	31 days per confinement[3] ICU Supplemental Confinement will pay an additional benefit for 31 of those days Payable for sickness/injury or a healthy newborn child	Confinement[4]	$100	$200	$300
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	$100	$200	$300
Inpatient Rehabilitation Benefit	15 days per calendar year	Inpatient Rehabilitation (For Injury or Sickness)	$100	$200	$300
Observation Unit Benefit	4 time(s) per calendar year	Observation Unit Benefit	$100	$200	$300

[1] If a covered person is readmitted within 90 days for the same or related sickness/injury for which we paid an Admission Benefit, an additional Admission Benefit is not payable.
[3] If a covered person is confined again within 90 days for the same or related sickness/injury, we will treat the subsequent confinement as a continuation of the previous confinement.
[4] If the Admission Benefit is payable for a Confinement, the Confinement Benefit will begin to be payable the day after Admission.

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NEW

Accident Insurance

The Standard | www.standard.com | 866-851-2429

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

Accident Semi-Monthly Premiums		
	Select	**Premier**
Employee	$3.50	$6.24
Employee + Spouse	$6.00	$10.98
Employee + Child(ren)	$8.00	$12.98
Employee + Family	$10.50	$17.72



Our Accident insurance includes 70+ benefits for covered injuries and treatment. You choose from 2 levels of coverage.

Emergency Care Benefits	Select	Premier
Air ambulance	$1,000	$2,000
Blood, plasma and platelets - transfusion	$400	$600
Emergency dental - crown	$250	$350
Emergency dental - extraction	$75	$150
Emergency room	$150	$250
Ground ambulance	$300	$600
Initial physician's visit[1]	$150	$250
Major diagnostic exam	$150	$300
Urgent care visit	$150	$250
Outpatient X-ray	$35	$75

1 Not payable if urgent care or emergency room visit benefits is payable.

Fracture Benefits Non-Surgical /Surgical	Select	Premier
Ankle, arm (shoulder to elbow), arm (elbow to wrist), collarbone, elbow, foot, hand, kneecap, lower jaw, shoulder blade, sternum, wrist	$1,200/ $2,400	$1,800/ $3,600
Bones of face, coccyx, nose, vertebrae	$800/ $1,600	$1,200/ $2,400
Finger, toe	$160/ $320	$240/ $480
Hip	$2,000/ $4,000	$3,500/ $7,000
Leg (hip to knee)	$1,500/ $3,000	$3,000/ $6,000
Leg (knee to ankle), pelvis, vertebral column	$2,250/ $4,500	$3,200/ $6,400
Rib	$300/ $600	$500/ $1,000
Skull (depressed)	$2,750/ $5,500	$5,250/ $10,500
Skull (non-depressed)	$1,000/ $2,000	$2,000/ $4,000
Chip fracture (% of the non-surgical fracture amount)	25%	25%

Specific Injury Benefits	Select	Premier
Burns, 2nd degree, <15%	$250	$750
Burns, 2nd degree, >15%	$1,000	$1,750
Burns, 3rd degree, <15%	$4,000	$7,500
Burns, 3rd degree, >15%	$10,000	$15,000
Coma	$7,500	$20,000
Concussion	$150	$225
Eye injuries: removal of foreign body or surgical repair	$225	$350
Lacerations, <2"	$50	$100
Lacerations, 2" - 6"	$175	$400
Lacerations, >6"	$400	$800
Skin grafts (% of burn benefit)	25%	50%

Surgical Benefits	Select	Premier
Knee cartilage, repair[2]	$500	$1,000
Knee cartilage, exploratory[2]	$150	$250
Tendon, ligament, rotator cuff, repair of one[3]	$550	$1,000
Tendon, ligament, rotator cuff, repair of two or more[3]	$800	$1,500
Tendon, ligament, rotator cuff, exploratory[3]	$275	$425
Ruptured disc, repair	$500	$1,000
Abdominal/thoracic, exploratory[4]	$200	$400
Abdominal/thoracic, laparoscopic[4]	$650	$1,000
Abdominal/thoracic, open[4]	$1,500	$2,250
Outpatient surgical facility	$100	$500

2 Once per covered accident, regardless of whether one or both knees require repair. If both exploratory and repair surgeries are performed, will pay repair benefit amount.
3 If two or more surgeries are required for the same covered accident, will pay the highest benefit amount.
4 If more than one surgery is required for the same covered accident, will pay the highest benefit amount.

Hospital Benefits	Select	Premier
Critical care unit admission	$1,250	$2,000
Daily rehab facility (per day)	$125/up to 90 days	$200/up to 90 days
Daily critical care unit confinement (per day)	$300/up to 15 days	$600/up to 15 days
Daily hospital confinement (per day)	$250/up to 365 days	$450/up to 365 days
Hospital admission	$750	$1,500

Dislocation Benefits Non-Surgical /Surgical	Select	Premier
Ankle, collarbone (sternoclavicular), elbow, foot (except toes), hand (except fingers), lower jaw, shoulder, wrist	$1,000/ $2,000	$1,500/ $3,000
Collarbone (acromio/separation)	$750/ $1,500	$1,100/ $2,200
Finger, rib, toe	$175/ $350	$275/ $550
Hip	$2,550/ $5,100	$3,850/ $7,700
Knee (not knee cap)	$1,600/ $3,200	$2,400/ $4,800
Spine	$750/ $1,500	$1,100/ $2,200
Partial dislocation (% of non-surgical amount)	25%	25%

Follow-Up Care Benefits	Select	Premier
Medical appliance (e.g., cane, wheelchair or brace)	$75	$200
Chiropractic care (per day)	$35/ up to 6 days	$60/ up to 6 days
Accident follow-up care (per day)	$60/ up to 6 days	$100/ up to 6 days
Hearing device	$400	$600
Prosthesis (one)	$500	$1,000
Prosthesis (two or more)	$800	$2,000
Therapy services (per day)	$50/ up to 6 days	$80/ up to 6 days

Additional Benefits	Select	Premier
Lodging (per day up to 30 days per accident)	$150	$200
Transportation (per day up to 30 days per accident)	$100	$200

Accidental Death & Dismemberment Benefits	Select	Premier
Accidental Death (you)	$25,000	$100,000
Accidental Death (spouse)	$12,500	$50,000
Accidental Death (child)	$6,250	$25,000

Accidental Dismemberment Benefits (% of AD&D Benefit)	Select	Premier
Loss of two or more fingers or toes	5%	5%
Loss of one finger or one toe	2%	2%
Loss of both hands or both feet	30%	30%
Loss of one hand or one foot	15%	15%
Loss of one hand and one foot	30%	30%
Loss of sight in both eyes or loss of hearing in both ears	30%	30%
Loss of sight in one eye or loss of hearing in one ear	15%	15%

Accidental Impairment Benefits (% of AD&D Benefit)	Select	Premier
Uniplegia	15%	15%
Paraplegia	30%	30%
Triplegia	30%	30%
Hemiplegia	30%	30%
Quadriplegia	50%	50%

Value Added AD&D Benefits (% of AD&D Benefit)	Select	Premier
Common Carrier Benefit (e.g., bus or subway)	100%	100%
Air Bag Benefit	10%	10%
Helmet Benefit	10%	10%
Repatriation Benefit	10%	10%
Seat Belt Benefit	10%	10%

Critical Illness Insurance

The Standard | www.standard.com | 866-851-2429

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.



Here's how it works:

John has $15,000 of Critical Illness insurance coverage. He makes an appointment with his doctor after feeling off for the past few weeks. Diagnosis: cancer, with a good prognosis but a long road ahead. Within days of making a claim, John receives his Critical Illness insurance benefit paid directly to him. As John undergoes intensive treatment over the next few months, he can use the benefit for any purpose, including to pay for things that his medical insurance does not cover. Things like the deductible, copays, child care, certain medications, time away from work, alternative treatments and a special diet.

Critical Illness insurance can make a big difference in your ability to pay out-of-pocket expenses associated with a serious illness that are not covered by medical insurance.

SAMPLE OUT-OF-POCKET EXPENSES

Medical insurance deductible	$1,300
Out-of-pocket expenses over the course of six months	$5,000
Lost wages	$4,500
Alternative treatments and diets not covered by medical plan	$4,500
TOTAL OUT-OF-POCKET EXPENSES	**$15,300**
CRITICAL ILLNESS BENEFIT	**$15,000**
OUT-OF-POCKET EXPENSES	**$300**

Costs are hypothetical. Actual costs will vary by state, cancer type, stage at diagnosis, treatments received and personal factors.

Covered Conditions

Receive 100 percent of your coverage amount for:

- Heart attack
- Stroke
- Cancer
- End stage renal (kidney) failure
- Major organ failure
- Coma
- Paralysis of two or more limbs
- Loss of sight
- Occupational HIV
- Occupational hepatitis
- ALS (Lou Gehrig's disease)
- Advanced Alzheimer's disease
- Advanced Multiple sclerosis
- Advanced Parkinson's disease
- Benign brain tumor
- Bone marrow transplant
- Loss of hearing
- Loss of speech

Receive 25 percent of your coverage amount for:

- Severe coronary artery disease with recommendation for bypass surgery
- Carcinoma in situ (cancer that has not metastasized)

Diagnosis and recommendation must occur after your coverage becomes effective.

Affordable Group Rates

Because you'll be buying this insurance through Waco Independent School District, you'll have access to affordable group rates.

Coverage for...	Coverage Amount...
You	$5,000 - $30,000 in increments of $5,000
Your spouse	$5,000 - $30,000 in increments of $5,000, as long as it's not more than your coverage amount
Your child(ren) through age 25	Automatically covered at 100% of your coverage amount

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

The semi-monthly premiums you would pay for Critical Illness insurance benefits are below.

Employee Semi-Monthly Attained Age Premiums						
Coverage Amount	Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
$5,000	$1.15	$1.60	$3.00	$5.98	$10.80	$18.80
$10,000	$2.30	$3.20	$6.00	$11.95	$21.60	$37.60
$15,000	$3.45	$4.80	$9.00	$17.93	$32.40	$56.40
$20,000	$4.60	$6.40	$12.00	$23.90	$43.20	$75.20
$25,000	$5.75	$8.00	$15.00	$29.88	$54.00	$94.00
$30,000	$6.90	$9.60	$18.00	$35.85	$64.80	$112.80

Spouse Semi-Monthly Attained Age Premiums						
Coverage Amount	Based off Employee Age					
	18-29	30-39	40-49	50-59	60-69	70+
$5,000	$1.15	$1.60	$3.00	$5.98	$10.80	$18.80
$10,000	$2.30	$3.20	$6.00	$11.95	$21.60	$37.60
$15,000	$3.45	$4.80	$9.00	$17.93	$32.40	$56.40
$20,000	$4.60	$6.40	$12.00	$23.90	$43.20	$75.20
$25,000	$5.75	$8.00	$15.00	$29.88	$54.00	$94.00
$30,000	$6.90	$9.60	$18.00	$35.85	$64.80	$112.80

Cancer Insurance



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

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

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

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

Cancer Semi-Monthly Premiums		
	Basic Plan	Enhanced Plus Plan
Employee	$7.90	$15.81
Employee + Family	$13.43	$26.90

Choose Your Coverage

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

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

Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

Semi-Monthly Premiums

	BASIC	ENHANCED PLUS
Individual	$7.90	$15.81
Family	$13.43	$26.90

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

Medical Transport Insurance

MASA | www.masamts.com | 800-643-9023

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.

Medical Transport Semi-Monthly Premiums		
	Emergent Plus	Platinum
Employee Only	$7.00	$19.50
Employee & Family	$7.00	$19.50



masa Access

Compare plans

Get emergency medical transportation coverage to protect what matters most.

With a MASA plan, you'll have an additional layer of financial protection from the out-of-pocket costs of medical transportation. Explore the options below to compare the benefits offered in each plan.

Gain peace of mind and shield your finances knowing there's a MASA plan best suited for your needs.



	Emergent Plus plan	Platinum plan
Emergency Ground Ambulance Coverage	● [2]	● [2]
Emergency Air Ambulance Coverage	● [2]	● [2]
Hospital to Hospital Ambulance Coverage	● [2]	● [2]
Repatriation to Hospital Near Home Coverage	● [2]	● [4]
Post Admission Continued Care Transportation Coverage		
Sick While Away From Home Expense Protection		
Minor Return Transportation Coverage		● [3]
Pet Return Transportation Coverage		● [3]
Patient Return Transportation Coverage		● [4]
Companion Transportation Coverage		● [3]
Companion Return Transportation Coverage		● [3]
Hospital Visitor Transportation Coverage		● [3]
Mortal Remains Transportation Coverage		● [4]
Vehicle & RV Return Coverage		● [3]
Organ Retrieval Transportation Coverage		● [1]

Identity Theft Protection

iLock360 | www.iLock360.com | 855-287-8888

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

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

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



iLOCK360



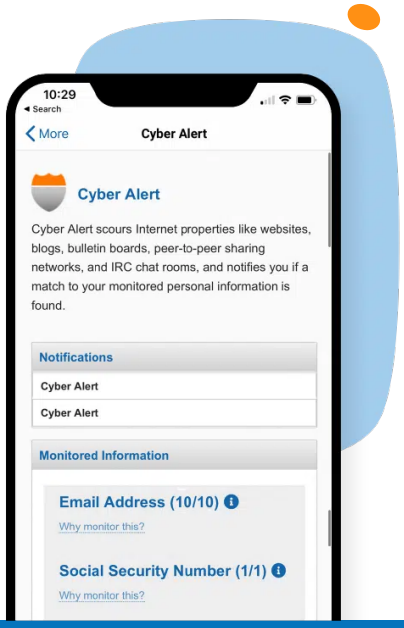
Your identity is your most valuable asset. Is yours protected?

39 seconds is how often cyber-attacks to occur

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

17% increase in data breaches 2022 to 2023

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



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

Semi-Monthly Premiums	Plus
Employee	$4.48
Employee + Family	$9.48

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.

iLOCK360

Learn more about the protections that iLOCK360 offers:

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

✔ adults ✔ Children to age 18

Legal Plan

LegalShield | www.legalshield.com | 833-721-6883

Have you ever found yourself in need of legal advice, but aren't sure where to go? A voluntary group legal plan helps fill that need. It provides you with access to professional lawyers at a low monthly rate. For just a few dollars a month, you can consult with a lawyer about having your will prepared, reviewing documents, contesting a traffic ticket, lawsuits, divorce and so much more. Expert legal advice is available at your fingertips.

Legal Semi-Monthly Premiums	
Employee Only	$9.48
Employee + Family	$9.48



Prepared for:

FFGA

LegalShield®
Worry Less. Live More.

HAVE YOU EVER?

- ☐ Needed your Will prepared or updated
- ☐ Been overcharged for a repair or paid an unfair bill
- ☐ Had trouble with a warranty or defective product
- ☐ Signed a contract
- ☐ Received a moving traffic violation
- ☐ Had concerns regarding child support
- ☐ Worried about being a victim of identity theft
- ☐ Been concerned about your child's identity
- ☐ Lost your wallet
- ☐ Worried about entering personal information on-line
- ☐ Feared the security of your medical information
- ☐ Been pursued by a collection agency

WHAT IS LEGALSHIELD?

Founded in 1972, LegalShield has 1.5 million memberships protecting and empowering 4.1 million lives and serving 140,000 businesses throughout the United States and Canada. Our members can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs. LegalShield has provided identity theft protection since 2003 with Kroll, the world's leading company in ID Theft consulting and restoration.

THE LEGALSHIELD® MEMBERSHIP INCLUDES:

- ✓ Personal Legal advice on unlimited issues
- ✓ Letters/ calls made on your behalf
- ✓ Contracts & documents reviewed (up to 15 pages)
- ✓ Residential Loan Document Assistance
- ✓ Lawyers prepare your Will, your Living Will and your Health Care Power of Attorney
- ✓ Moving Traffic Violations (available 15 days after enrollment)
- ✓ IRS Audit Assistance
- ✓ Trial Defense (if named defendant/ respondent in a covered civil action suit)
- ✓ Uncontested Divorce, Separation, Adoption and/or Name Change Representation (available 90 days after enrollment)
- ✓ 25% Preferred Member Discount (Bankruptcy, Criminal Charges, DUI, Other Matters, etc.)
- ✓ 24/7 Emergency Access for covered situations

LegalShield family legal plans cover the member; member's spouse; never married dependent children under 26 living at home; dependent children under age 18 for whom the member is legal guardian; never married, dependent children up to age 26 if a full-time college student; and physically or mentally disabled dependent children.

ADVICE ON ANY LEGAL ISSUE

With a LegalShield Legal Plan you will have access to attorneys who can provide advice or assistance on a variety of personal legal issues.

ELECTION OPTIONS

Employee Only or Family Coverage:

$18.95 per month

AFFORDABLE LEGAL PROTECTION FOR ONE LOW MONTHLY FEE

For more information, please contact your Independent Associate:

Name: Jason Lavender
Email: jlavender@legalshieldassociate.com
Phone Number: 512.740.3322

www.legalshield.com/info/legalplan

This is a general overview and is for illustrative purposes only. Plans and services vary from state to state. See a plan contract for your state of residence for complete terms, coverage, amounts, conditions and exclusions.



FFinvest

457(b) RETIREMENT PLAN

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

PLAN HIGHLIGHTS

Multiple Investment Options

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

ROTH (After-Tax) Option

Loan availability (subject to balance)

Rollovers/Transfers

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

No Front-End or Deferred Sales Charges

FFGA
Benefit Solutions Simplified

ENROLL ONLINE

Go to www.tcgservices.com

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

If you have questions, please contact
TCG Administrators at 800-943-9179
Monday - Friday, 8:00 a.m. - 7:00 p.m.

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

Vast Learning Center located at
www.tcgservices.com

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

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

403(b) Retirement Plans

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

The 403(b) can be an excellent way to save money for retirement. It can serve as a supplement to a traditional pension plan or other retirement plan(s), or as a stand-alone plan. The 403(b) is a tax deferred retirement plan available to employees of educational institutions and certain non-profit organizations as determined by section 501(c)(3) of the Internal Revenue Code. Contributions and investment earnings in a 403(b) grow tax deferred until withdrawal (assumed to be retirement), at which time they are taxed as ordinary income. The 403(b) is named after the section of the IRS code governing it.

How a 403(b) Works

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

Benefits

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

Employee Assistance Program

Blue Cross Blue Shield | www.guidanceresources.com | 866-899-1363

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

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

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



Medicare & Age 65



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

Questions to Consider Before Retiring

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

medicaresolutions@ffga.com

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

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

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

COBRA

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

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

COBRA Highlights

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

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

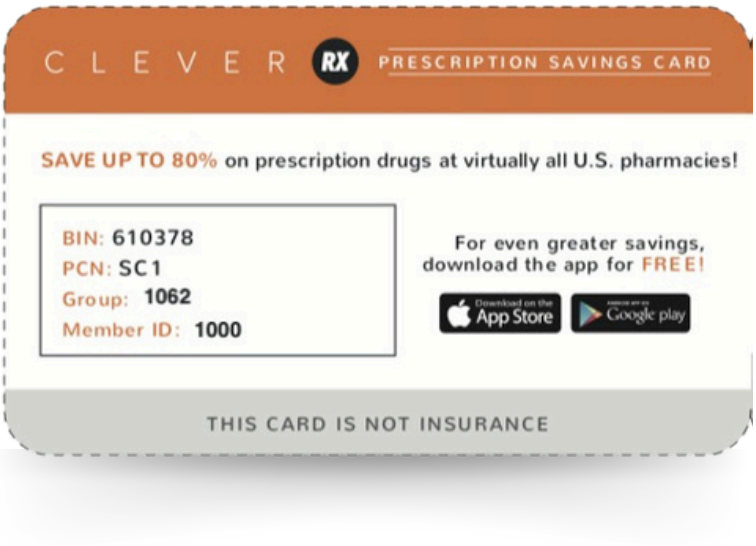


Clever RX

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!



My FFGA Benefits+

Manage your benefits anytime, anywhere.

All your benefits info in one place! My FFGA Benefits is your new benefits companion, right at your fingertips.

FIND OUR APP HERE

www.ffga.com/my-ffga-benefits

Waco ISD
GROUP ID: 43841

View Available Benefits & Enroll

Navigate to your Employee Benefits Center to enroll and access product brochures, videos, claim forms and carrier contact info.

FSA/HSA Login

Download the FF Mobile Account App and access your FSA/HSA administered through First Financial.

My Wallet

Save provider information, family and health details and carrier cards so that you can quickly access when needed.

Contact Us

Find contact information for your First Financial account manager and local branch office for additional support.

Women's Health & Cancer Rights Act

Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All states of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physician complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

$4000, $3500, or $2500, deductibles and coinsurance applicable to these benefits

If you would like more information on WHCRA benefits, call your plan administrator at

Nexus (888)-383-0132 OR HDHP (866)-314-0336 OR EPO (888)-607-5214.

Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all states of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? Call your plan administrator at **Nexus (888)-383-0132 OR HDHP (866)-314-0336 OR EPO (888)-607-5214** for more information.

LANGUAGE FOR NON-GRANDFATHERED PLANS

United Healthcare generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation, United Healthcare designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the United Healthcare at **Nexus (888)-383-0132 OR HDHP (866)-314-0336 OR EPO (888)-607-5214**.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from UHC or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre- approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the United Healthcare at **Nexus (888)-383-0132 OR HDHP (866)-314-0336 OR EPO (888)-607-5214**.

Newborns' and Mothers' Health Protection Act (NMHPA)

The Newborns' and Mothers' Health Protection Act of 1996 (NMHPA) is a federal law that affects the length of time a mother and newborn child are covered for a hospital stay in connection with childbirth. In general, group health plans and health insurance issuers that are subject to NMHPA may NOT restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section.

If you deliver your baby in the hospital, the 48-hour (or 96-hour) period starts at the time of delivery. If you deliver your baby outside the hospital and you are later admitted to the hospital in connection with childbirth (as determined by the attending provider), the period begins at the time of the hospital admission.

If the attending provider, in consultation with the mother, determines that either the mother or the newborn child can be discharged before the 48-hour (or 96-hour) period, the group health plan or health insurance issuer does

not have to continue covering the stay for the one ready for discharge. An attending provider is an individual, licensed under State law, who is directly responsible for providing maternity or pediatric care to the mother or the newborn child. In addition to physicians, an individual such as a nurse midwife, physician assistant, or nurse practitioner may be an attending provider. A health plan, hospital, insurance company, or HMO would NOT be an attending provider.

This law applies to two different types of coverage:

Group health plans (provided by an employer or union);

Individual health insurance policies (not based on employment).

Group health plans can either be “insured” plans that purchase health insurance from a health insurance issuer, or “self-funded” plans that pay for coverage directly. How they are regulated depends on whether they are sponsored by private employers, or state or local (“non-federal”) governmental employers. Private group health plans are regulated by the Department of Labor. State and local governmental plans, for purposes of WHCRA, are regulated by CMS. If any group health plan buys insurance, the insurance itself is regulated by the State’s insurance department.

If you are in a private, self-funded group health plan, your health coverage must comply with NMHPA standards. If you are enrolled in a group health plan through your own or a spouse’s employment, you can contact the employer’s plan administrator to find out if your group coverage is insured or self-funded, and determine what entity or entities regulate your benefits.

However, if you are in an insured group health plan or if you have individual (non-employment based) insurance coverage, the Federal NMHPA standards might NOT apply directly if your State has a law with similar protections. Contact your State's insurance department to find out what law applies in your state, and about whether any additional protections apply to your coverage.

Individual health insurance policies (not sold in connection with employment) are primarily regulated by the State insurance departments.

NMHPA does not apply to high risk pools since the pool is not an issuer of health insurance. The pool is a means by which individuals obtain health coverage.

It is important to note that the coverage subject to NMHPA is the mother’s coverage, regardless of whether the newborn is covered separately. In order to have your newborn added to a policy, you must enroll the newborn within the timeframe specified by the plan.

Note: A non-Federal governmental employer that does not purchase insurance may elect to exempt the plan from the requirements of the NMHPA (opt out) by following the Procedures & Requirements for HIPAA Exemption Election posted on the Self-Funded Non-Federal Governmental Plans webpage at http://cciio.cms.gov/resources/files/hipaa_exemption_election_instructions_04072011.html, including issuing a notice of opt-out to enrollees at the time of enrollment and on an annual basis. For a list of plans that have opted out of NMHPA, go to http://cciio.cms.gov/resources/other/index.html#nonfed and click on “List of HIPAA Opt-out Elections for Self-funded Non-Federal Governmental Plans.”

If you have concerns about your plan’s compliance with NMHPA, contact our help line at 1-877-267-2323 extension 6-1565 or at phig@cms.hhs.gov

Wellness

Your health plan wants to help you take charge of your health. Join RALLY for exercise, nutrition and weight loss benefits. This Wellness program is participation contingent and not health contingent.

Health Risk Assessments

In answering this question, you should not include genetic information. That is, please do not include any family medical history or any information related to genetic testing, genetic services, genetic counseling, or genetic disease for which you believe you may be at risk.

GINA Disclosure Notice

The specific "safe harbor" language that should be included with any request for FMLA certification (or any request for medical information) to employees or their medical providers is as follows:
The **Genetic Information Nondiscrimination Act of 2008** (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information.

Genetic information may be obtained by an employer without violating GINA when it requests family medical history to comply with the certification provisions of the FMLA, state or local family leave laws, or pursuant to a policy that permits the use of leave to care for a sick family member and that requires all employees to provide information about the health condition of the family member to substantiate the need for leave.

Continuation Rights Under COBRA Notice

Waco ISD's Notice of Your COBRA Rights
You are receiving this notice because you have recently become covered under a group health plan (United Health Care). **This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

What is COBRA Continuation Coverage?
COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage will pay for their coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following qualifying events happens:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

- The parent–employee dies;
- The parent–employee's hours of employment are reduced;
- The parent–employee's employment ends for any reason other than his or her gross misconduct;
- The parent–employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the plan as a "dependent child."

When is COBRA Coverage Available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours of employment, death of the employee, or the employee becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator of the qualifying event.

You Must Give Notice of Some Qualifying Events

For the other qualifying events divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child, you must notify the Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to: The Waco ISD Benefits Office.

How is COBRA Coverage Provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to a total of 36 months. When the qualifying event is the end of employment or reduction of the employee's hours of employment, and the employee becomes entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until 36 months after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months). Otherwise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of 18 months. There are two ways in which this 18month period of COBRA continuation coverage can be extended.

Disability extension of 18 month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage, for a total maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18month period of continuation coverage.

Second qualifying event extension of 18 month period of continuation coverage

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if notice of the second qualifying event is properly given to the Plan. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.)

Keep Your Plan Informed of Address Changes

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan Contact Information

Waco ISD Benefits Office, Benefits@wacoisd.org.

Family and Medical Leave Act-Overview

The FMLA entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave. Eligible employees are entitled to:

- Twelve work weeks of leave in a 12-month period for:
    - the birth of a child and to care for the newborn child within one year of birth;
    - the placement with the employee of a child for adoption or foster care and to care for the newly placed child within one year of placement;
    - to care for the employee's spouse, child, or parent who has a serious health condition;
    - a serious health condition that makes the employee unable to perform the essential functions of his or her job;
    - any qualifying exigency arising out of the fact that the employee's spouse, son, daughter, or parent is a covered military member on "covered active duty;" **or**
- Twenty-six workweeks of leave during a single 12-month period to care for a covered service member with a serious injury or illness if the eligible employee is the service member's spouse, son, daughter, parent, or next of kin (military caregiver leave).

See supplemental information provided regarding FMLA. For additional questions please refer to the Waco ISD Benefits Office.

Dependent Child Status

Note: For plan years beginning on or after January 1, 2014, grandfathered plans will no longer be permitted to exclude children under age 26 who are eligible for employment-based coverage not through a parent (e.g., as an employee or as a spouse). Non-grandfathered plans cannot exclude these children for plan years that begin before January 1, 2014.

If you have a natural, adopted or step child who is losing eligibility for coverage under the plan, please notify Human Resources as soon as possible. For example, if your child age 26 or older is graduating from college, you should notify Human Resources once your child graduates. You should also notify Human Resources if your child over age 26 married, loses dependent status (even if not because of graduation), ceases being your tax dependent, or reaches the maximum coverage age under our plan. You must notify Human Resources within 60 days after the event in order to retain COBRA rights.

If you have a child other than a natural or adopted (if appropriate add step or foster) child who is losing eligibility for coverage under the plan for reasons such as marriage, loss of student status, loss of dependency status or attainment of a specific age you must notify Human Resources within 60 days after the event in order to retain COBRA rights. For example, if your domestic partner's child graduates from college, you must notify Human Resources (this paragraph must be modified to reflect the specific plan provisions. It may be eliminated if not applicable).

HIPAA PRIVACY REMINDER

United Healthcare

Protecting Your Health Information Privacy Rights

September 1, 2017

Waco ISD is committed to the privacy of your health information. The administrators of the **United Healthcare** (the "plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Human Resources Benefits Office at Benefits@wacoisd.org, 254-755-9522. The notice also is available on-line at *www.wacoisd.org*.

Waco ISD's Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Waco ISD's Group Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after you or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Medicaid or a State Children's Health Insurance Program. If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after you or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Alicia Rodriguez, Benefits Manager.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, ***you must complete the attached "Form for Employee to Decline Coverage."*** *On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.*

Patient Protection Disclosure

United Healthcare generally requires the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. Until you make this designation United Healthcare designates one for you. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the United Healthcare at Nexus (888)-383-0132 OR HDHP (866)-314-0336 OR EPO (888)-607-5214. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from United Healthcare for any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-

approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact United Healthcare at. Nexus (888)-383-0132 OR HDHP (866)-314-0336 OR EPO (888)-607-5214.

MAKING ENROLLMENT CHANGES DURING THE YEAR

The open enrollment period for eligible employees will be held in

October 2023. Your new benefits will be effective January 1, 2024.

In most cases, your benefit elections will remain in effect for the entire plan year. During the annual enrollment period, you have the opportunity to review your benefit elections and make changes for the coming year. You may only make changes to your elections during the year if you have one of the following status changes:

- Marriage, divorce or legal separation (if your state recognizes legal separation);
- Gain or loss of an eligible dependent for reasons such as birth, adoption, court order, disability, death, reaching the dependent child age limit; or
- Significant changes in employment or employer-sponsored benefit coverage that affect you or your spouse's benefit eligibility.
- Your benefit change must be consistent with your change in family status.

IRS regulations require that for enrollment due to the qualifying events above, changes must be submitted within 30 days of that qualifying event.

Please contact Alicia Rodriguez, Benefits Manager, at 254-755-9522 with any questions.

BENEFICIARY DESIGNATION

As you complete the enrollment process, please take a few moments to review your beneficiary designations to ensure that they are accurate and up-to-date. Don't forget to look at your designations for all of your benefits – basic life insurance, supplemental life insurance, voluntary AD&D, pension, and 401(k).

If you are married, your spouse (as defined under Federal law) is automatically your beneficiary for the pension and 401(k) plans. If you wish to select another beneficiary under those plans, your spouse's notarized signature is required.

If you designate a trust as a beneficiary you must provide additional information such as the name of the trust, name of the trustee, contact information for the trustee (e.g., address) and date of the trust instrument. You should consult with your legal advisor if you intend to name a trust as your beneficiary.

If you want your minor child (or children) to be your beneficiary(ies), you should discuss your plans with your legal advisor. Neither the plan nor the insurance company will pay benefits directly to a minor child. Benefits from the plan – such as life insurance – must be paid to an adult, such as a guardian, or to a trust established for the benefit of your child. Your legal advisor can help you determine the best way to accomplish this.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name	4. Employer Identification Number (EIN)
Waco Independent School District	74-6002532
5. Employer address	**6. Employer phone number**
P.O. BOX 27	254-755-9473

7. City	8. State	9. ZIP code
WACO	Tx	76703

10. Who can we contact about employee health coverage at this job?	
ALICIA RODRIGUEZ	
11. Phone number (if different from above)	**12. Email address**
254-755-9522	alicia.rodriguez@wacoisd.org

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - □ All employees. Eligible employees are:
  - □ · Some employees. Eligible employees are:

    Employees who work a minimum of 20 hours per week (and are members of the Teacher Retirement System of Texas) are eligible for group health insurance coverage, effective the first day of the month following their date of hire.
- With respect to dependents:
  - □ × We do offer coverage. Eligible dependents are:

    Eligible dependent is a spouse, child(ren), stepchild(ren), legally adopted child(ren).
  - □ We do not offer coverage.

□ × If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

□■ **Yes** (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?_(mm/dd/yyyy) (Continue)

□ **No** (STOP and return this form to employee)

Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

How much would the employee have to pay in premiums for this plan? $ 0

How often? Weekly Every 2 weeks ■ Twice a month Monthly Quarterly Yearly

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If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

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16. What change will the employer make for the new plan year?_____

□ Employer won't offer health coverage

□ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? $_____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

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• An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

CREDITABLE (DRUG) COVERAGE NOTICE

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE FOR USE ON OR AFTER APRIL 1, 2011

Important Notice from Waco ISD About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Waco ISD and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
2. **Waco ISD has determined that the prescription drug coverage offered by the United Health Care is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two- (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a

Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Waco ISD coverage will be affected. Employees that continue to work for Waco ISD may continue to keep group coverage or choose to cancel group coverage after they elect Medicare Part D coverage.

If you do decide to join a Medicare drug plan and drop your current Waco ISD coverage, be aware that you and your dependents may or may not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Waco ISD and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage…

Contact the person listed below for further information or call the Benefits office at 254-755-9522. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Waco ISD changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help

- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of August 10, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplrecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	**GEORGIA – Medicaid**
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	**INDIANA – Medicaid**
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	**IOWA – Medicaid**
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562

KANSAS – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512	Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218
KENTUCKY – Medicaid	**NEW JERSEY – Medicaid and CHIP**
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
LOUISIANA – Medicaid	**NEW YORK – Medicaid**
Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
MAINE – Medicaid	**NORTH CAROLINA – Medicaid**
Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711	Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100
MASSACHUSETTS – Medicaid and CHIP	**NORTH DAKOTA – Medicaid**
Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840	Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825
MINNESOTA – Medicaid	**OKLAHOMA – Medicaid and CHIP**
Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MISSOURI – Medicaid	**OREGON – Medicaid**
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
MONTANA – Medicaid	**PENNSYLVANIA – Medicaid**
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462
NEBRASKA – Medicaid	**RHODE ISLAND – Medicaid**
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	**SOUTH CAROLINA – Medicaid**
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	**WEST VIRGINIA – Medicaid**
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	**WISCONSIN – Medicaid and CHIP**
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.p df Phone: 1-800-362-3002
VERMONT– Medicaid	**WYOMING – Medicaid**
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.