



EMPLOYEE BENEFITS OVERVIEW GUIDE



WHAT'S INSIDE?

EMPLOYEE BENEFITS CENTER
HOW TO ENROLL
S125 PLAN INFORMATION
FLEXIBLE SPENDING ACCOUNTS
AVAILABLE RESOURCES
BENEFITS AT A GLANCE
CONTACT INFORMATION

PLAN YEAR:

JANUARY 1, 2022 - DECEMBER 31, 2022

EMPLOYEE BENEFITS CENTER

[HTTP://BENEFITS.FFGA.COM/WACOISD](http://benefits.ffga.com/wacoisd)

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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. For a more detailed explanation of benefits you may contact your Account Manager or First Financial Administrators at 1-800-523-8422 or visit <http://benefits.ffga.com>.



Waco ISD 2022 Medical Insurance Plans

	Plan 1 BlueCross BlueShield of TX Blue Choice with an H.S.A.		Plan 2 BlueCross BlueShield of TX Blue Essentials \$3500 HMO Plan		Plan 3 BlueCross BlueShield of TX Blue Choice \$2500 EPO Plan	
	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT OF NETWORK	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT OF NETWORK	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT OF NETWORK
DOCTORS						
Primary Care	20% after deductible		\$40 copay		\$30 copay	
\$0 copay for children under the age of 19	N/A		\$0 no copay		\$0 no copay	
Specialist Network	20% after deductible	N/A	\$80 copay	N/A	\$60 copay	N/A
Preventive Care	\$0 no copay		\$0 no copay		\$0 no copay	
HOSPITAL						
In-Patient Hospital	20% after deductible	N/A	20% after deductible	N/A	20% after deductible	N/A
Out-Patient Surgery	20% after deductible		\$0 after \$1,000 copay per visit		20% after deductible	
EMERGENCY HEALTH SERVICES						
Emergency Room	20% after deductible	20% after deductible	\$0 after \$1,250 copay per visit. Waived if admitted.	\$0 after \$1,250 copay per visit. Waived if admitted.	20% after \$1,000 copay per visit. Waived if admitted.	20% after \$1,000 copay per visit. Waived if admitted.
Ambulance	20% after deductible	20% after deductible	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	N/A	\$0 after \$75 copay per visit	N/A
LAB & X-RAY SERVICES						
Minor lab & x-ray	20% after deductible	N/A	20% after deductible	N/A	20% after deductible	N/A
Major lab & x-ray (MRI, CT Scan, PET Scan)	20% after deductible		\$500 copay per service		20% after deductible	
CALENDAR YEAR DEDUCTIBLE						
INDIVIDUAL	\$4,000	N/A	\$3,500	N/A	\$2,500	N/A
FAMILY	\$8,000		\$10,500		\$5,000	
MAXIMUM OUT OF POCKET						
INDIVIDUAL	\$7,000 **	N/A	\$7,900 **	N/A	\$7,500 **	N/A
FAMILY	\$14,000 **		\$15,800 **		\$15,000 **	
LIFETIME MAXIMUM BENEFIT						
	Unlimited	N/A	Unlimited	N/A	Unlimited	Unlimited

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

Waco ISD
2022 Medical and Prescription Rates

Plan 1 Blue Choice HSA \$4000 Ded	Monthly Premium	District Monthly Contribution	Employee Monthly Cost	Employee Cost Per Check
Employee Only	\$428.00	\$428.00	\$0.00	\$0.00
Employee/Spouse	\$990.86	\$428.00	\$562.86	\$281.43
Employee/Child(ren)	\$760.42	\$428.00	\$332.42	\$166.21
Employee/Family	\$1,263.10	\$428.00	\$835.10	\$417.55

Plan 2 Blue Essentials HMO \$3500 Ded	Monthly Premium	District Monthly Contribution	Employee Monthly Cost	Employee Cost Per Check
Employee Only	\$484.60	\$428.00	\$56.60	\$28.30
Employee/Spouse	\$1,084.10	\$428.00	\$656.10	\$328.05
Employee/Child(ren)	\$830.66	\$428.00	\$402.66	\$201.33
Employee/Family	\$1,383.54	\$428.00	\$955.54	\$477.77

Plan 3 Blue Choice EPO \$2500 Ded	Monthly Premium	District Monthly Contribution	Employee Monthly Cost	Employee Cost Per Check
Employee Only	\$579.34	\$428.00	\$151.34	\$75.67
Employee/Spouse	\$1,302.16	\$428.00	\$874.16	\$437.08
Employee/Child(ren)	\$996.58	\$428.00	\$568.58	\$284.29
Employee/Family	\$1,663.22	\$428.00	\$1,235.22	\$617.61

Get all the advantages your health plan offers



Get information about your health benefits, anytime, anywhere. Use your computer, phone or tablet to access the Blue Cross and Blue Shield of Texas (BCBSTX) secure member website, Blue Access for Members (BAMSM).

With BAM, you can:

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card – or print a temporary one

It's easy to get started

- 1 Go to bcbstx.com/member
- 2 Click Register Now
- 3 Use the information on your BCBSTX ID card to complete the registration process.



Text* BCBSTXAPP to 33633 to get the BCBSTX App that lets you use BAM while you're on the go.

*Message and data rates may apply



BlueCross BlueShield of Texas

Find what you need with Blue Access for Members

NATHAN SMITH Settings 9 Language Assistance En Español Log Out

BlueCross BlueShield of Texas

CURRENTLY VIEWING MY PLAN
8 PPO
View My Plans

1 Home 2 My Coverage 3 Claims Center 4 My Health 5 Doctors & Hospitals 6 Forms & Documents

Welcome NATHAN SMITH!

6 Message Center
You have no messages
View all messages

7 Quick Links
Stop receiving paper statements
Connect
Member Discount Program
Manage preferences
Verification of Coverage

MY COVERAGE
Plan Type: PPO Group Number: 098765
ID Number: ABC123456789

MEDICAL BENEFITS
Preferred Network

Individual Deductible	N/A
Family Deductible	N/A
Family Out of Pocket Maximum	\$8,500.00
Coinsurance	N/A

My Care Profile
Blue Button
Learn how to get your health care profile electronically
Get Started »

10 11
Important Information | Non-Discrimination Notice | Help | Contact Us

- 1 My Coverage:** Review benefit details for you and family members covered under your plan.
- 2 Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.
- 3 My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
- 4 Doctors & Hospitals:** Use Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.
- 5 Forms & Documents:** Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- 6 Message Center:** Communicate with a Customer Service Advocate here. You can also learn about updates to your benefit plan and receive promotional information via secure messaging.
- 7 Quick Links:** Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
- 8 View My Plan:** See the details of your current health plan, as well as other plans you've had in the past.
- 9 Settings:** Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at anytime.
- 10 Help:** Look up definitions of health insurance terms, get answers to frequently asked questions and find Health Care School articles and videos.
- 11 Contact Us:** Here you can find contact information to reach a Customer Service Advocate with any questions you may have about your plan.



BlueCross BlueShield of Texas

The BCBSTX App!



Stay connected with Blue Cross and Blue Shield of Texas (BCBSTX) and access important health benefit information wherever you are.

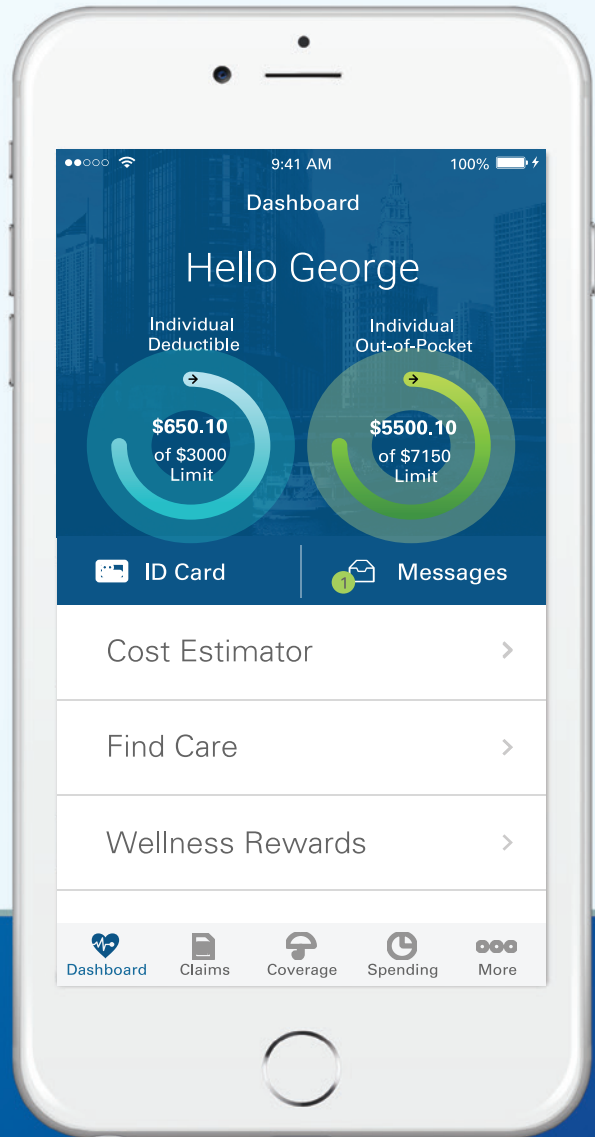
- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View and email your member ID card
- Log in securely with your fingerprint
- Access Health Care Accounts and Health Savings Accounts
- Download and share your Explanation of Benefits*
- Get Push Notifications and access to Message Center*

Available in Spanish

Text** **BCBSTXAPP** to **33633** to get the app.

* Currently only available on iPhone®. iPhone is a registered trademark of Apple Inc.

** Message and data rates may apply. Terms and conditions and privacy policy at bcbstx.com/mobile/text-messaging.



bcbstx.com/mobile

Experience a New Kind of Wellness — Log In to the Well onTarget Portal

Well onTarget is designed to give you the support you need to make healthy lifestyle choices — and reward you for your hard work.

MEMBER WELLNESS PORTAL

The Well onTarget Wellness Portal uses the latest technology to give you the tools you need for better health. Your wellness journey begins with a suggested list of activities based on the information you provided in the Health Assessment.* Now you have a step-by-step plan to guide you on the way to living your best life. The suite of programs and tools include:

- **Digital Self-management Programs:** Learn about nutrition, fitness, weight loss, quitting smoking, managing stress and more!
- **Health and Wellness Library:** The health library has useful articles, podcasts and videos on health topics that are important to you.
- **Blue PointsSM Program:**** Earn points for wellness activities. Redeem your points for a wide variety of merchandise in the online shopping mall.
- **Tools and Trackers:** These interactive resources help keep you on track while making wellness fun.
- **Health Assessment:** Answer some questions to learn more about your health and receive a personal wellness report.
- **Fitness Tracking:** Get Blue Points for tracking activity with popular fitness devices and mobile apps.
- **Nutrition Help:** Members can choose a nutrition app to connect and monitor their food intake via the [View Nutrition](#) page. Enter calorie targets, carbs, fats, protein and more. Apps include Fitbit, MyFitnessPal and others.
- **Personal Challenges:** Join a personal challenge to help you reach your goals. There are over 30 challenges, so you can choose the best one to fit your wellness journey. Topics include stress, sleep, physical activity and more!

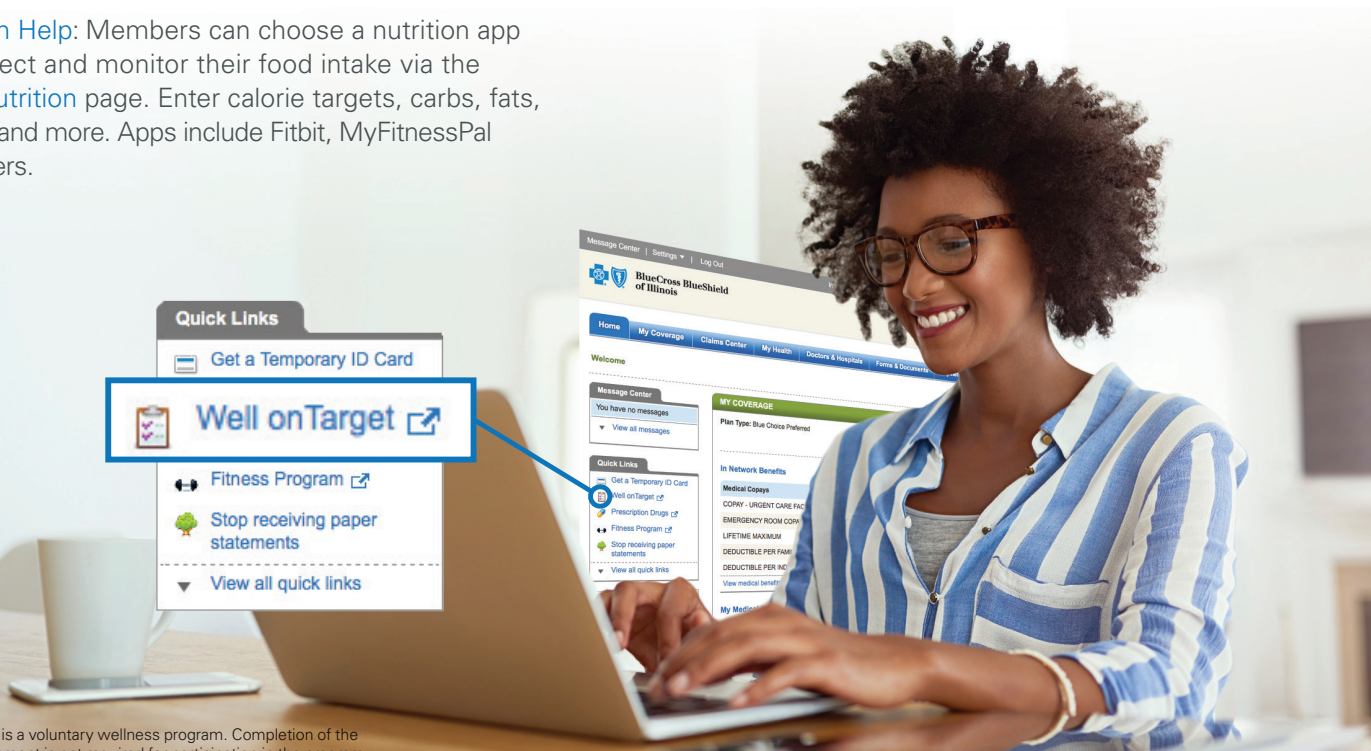
HOW TO ACCESS THE PORTAL

Use your Blue Access for MembersSM (BAMSM) account:

- Log in to BAM at bcbstx.com/members. If this is your first time logging in, you will need to register your account. Click [Register Now](#) on the login screen.
- Once you are in BAM, click on the [Well onTarget](#) link on the left side of the screen. You will be taken to the portal.

QUESTIONS?

If you have any questions about Well onTarget, call Customer Service at [877-806-9380](tel:877-806-9380).



* Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.

**Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for further information.

Show this to your doctor and discuss ways to pay less with your consumer-directed health plan.

For medications you take on a long-term basis, you'll save money by using the Express Scripts PharmacySM.

What you'll pay after meeting your deductible

	Home delivery from the Express Scripts Pharmacy	Retail pharmacy (in network)
Generics	\$25.00	\$10.00
Preferred brands	\$87.50	\$35.00
Nonpreferred brands (no generic)	\$150.00	\$60.00
Nonpreferred brands (generics available)	\$150.00*	\$60.00*

You might pay different amounts for eligible medications, depending on which phase of your plan's three phases you're in:

- 1. Deductible:** \$4,000 for you or \$8,000 for your family. You pay all of your medical and prescription expenses until you meet this amount.
- 2. Copayment or Coinsurance:** the amount shown in the table. This is what you pay after the deductible but before the annual out-of-pocket maximum.
- 3. Out-of-Pocket Maximum:** \$7,000 for you or \$14,000 for your family. If you pay this much in a year, most medications for the rest of the year are covered 100%.

*Penalties may be applied when filling brand medications when a generic equivalent is available.

Save with home delivery and generics

Home Delivery: With home delivery, you could get up to a 90-day supply with **free** standard shipping, delivered right to you. **Call us at the number on your member ID card or visit Express-Scripts.com to get started.**

Generics: FDA-approved generics are just as safe and effective as brand-name drugs and they cost about 50% to 70% less.¹ Sounds good, right? Ask your doctor if a less expensive generic could help you.

Manage your prescriptions online and on the go

- Refill home delivery prescriptions
- Find potential lower-cost options
- Check order status
- Find the nearest in-network pharmacy



Express-Scripts.com
Sign in today!



The Express Scripts Mobile App
Download it for **FREE** today from your app store!

1. U.S. Food and Drug Administration. <http://www.fda.gov/regulatoryinformation/legislation/federalfooddrugandcosmeticactfdca/significantamendmentstothefdca/fdasia/ucm310992.htm>. Accessed August 5, 2014.

See how you can get the most from your benefit.

Show this to your doctor and ask if you could pay less by filling a generic prescription through home delivery.

Home delivery: savings and to-your-door convenience

Did you know you could avoid paying more money if you use home delivery? For your long-term drugs (those you take for at least 3 months), you'll typically pay less with home delivery from the Express Scripts PharmacySM. You'll get up to a 90-day supply with **free** standard shipping.

It's easy to start! Just call us at the number on your member ID card, and we'll ask your doctor for a new prescription. Or ask your doctor to e-prescribe or fax a 90-day prescription to us. You can also get started at **Express-Scripts.com**.

Generics: benefits for your health and budget

FDA-approved generics are just as safe and effective as brand-name drugs. The difference? Generics can cost about 50% to 70% less.¹ Today, nearly 8 in 10 prescriptions filled in the U.S. are for generic drugs.²

If you're taking a brand-name drug, ask your doctor if a less expensive generic is available.

What you'll pay

	Home delivery from the Express Scripts Pharmacy	Retail pharmacy (in network)
Generics	\$37.50	\$15
Preferred brands	\$100	\$40
Nonpreferred brands (no generic)	\$187.50	\$75
Nonpreferred brands (generics available)	\$187.50*	\$75*

* Penalties may be applied when filling brand medications when a generic equivalent is available.

Your plan has an out-of-pocket maximum of \$7,900 for you or \$15,800 for your family. If you pay this much in a year, most medications for the rest of the year are covered 100%.

Manage your prescriptions online and on the go

- Refill home delivery prescriptions
- Find potential lower-cost options
- Check order status
- Find the nearest in-network pharmacy



Express-Scripts.com
Sign in today!



The Express Scripts Mobile App.
Download it for **FREE** today from your app store!

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You'll get up to a 90-day supply with **free** standard shipping.

It's easy to start! Just call us at the number on your member ID card, and we'll ask your doctor for a new prescription. Or ask your doctor to e-prescribe or fax a 90-day prescription to us. You can also get started at **Express-Scripts.com**.

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What you'll pay

	Retail pharmacy (in network)	Home delivery from the Express Scripts Pharmacy
Generics	\$15	\$37.50
Preferred brands	\$40	\$100
Nonpreferred brands (no generic)	\$75	\$187.50
Nonpreferred brands (generics available)	\$75*	\$187.50*

* Penalties may be applied when filling brand medications when a generic equivalent is available.

Your plan has an out-of-pocket maximum of \$7,500 for you or \$15,000 for your family. If you pay this much in a year, most medications for the rest of the year are covered 100%.

Manage your prescriptions online and on the go

- Refill home delivery prescriptions
- Find potential lower-cost options
- Check order status
- Find the nearest in-network pharmacy



Express-Scripts.com
Sign in today!



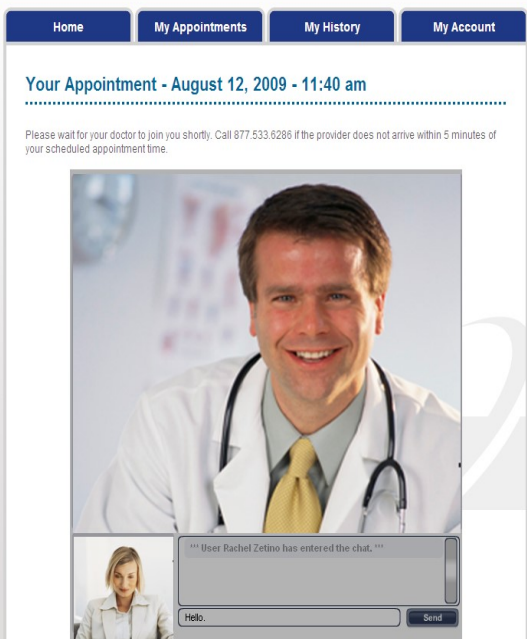
The Express Scripts Mobile App.
Download it for FREE today from your app store!

1. U.S. Food and Drug Administration <http://www.fda.gov/regulatoryinformation/legislation/federalfooddrugandcosmeticactfdca/significantamendmentstothefdca/fdasia/ucm310992.htm>. / Accessed August 5, 2014.

2. U.S. Food and Drug Administration. <http://www.fda.gov/Drugs/ResourcesForYou>. Accessed August 5, 2014.

***Code = wacoisd**

***Code = wacoisd25**



RediMD gives you the option to have a regular doctor's visit online or by phone. No Copay Required for some plans. Visit us at : www.redimd.com

RediMD provides primary medical care online via webcam, smart phone, or by telephone. You can see and speak with a physician or other medical professional who can diagnose, recommend treatment and prescribe medications if needed.

RediMD service is available for you to use

- At your home during days, nights, and weekends for you and your family on your plan.
- **If you and your dependents are covered under Waco ISD HMO or EPO medical insurance then you have free access to RediMD.**
- **If you are covered under Waco ISD HDHP medical insurance then you, the employee, can have access to RediMD with a cost of \$25/visit.**

***wacoisd** code for Waco ISD insurance **HMO/EPO**

***wacoisd25** code for Waco ISD insurance **HDHP**

REDIMD TREATS MOST PRIMARY CARE AILMENTS INCLUDING, BUT NOT LIMITED TO:

<i>Cold</i>	<i>Cough</i>	<i>Flu</i>	<i>Sore Throat</i>
<i>Allergies</i>	<i>Skin Issues</i>	<i>Blood Pressure</i>	<i>Headaches</i>
<i>Diabetes</i>	<i>Sinus Infection</i>	<i>Stress Problems</i>	<i>Stomach Problems</i>

- RediMD is available for you and your dependents to use at home.
 - A computer with internet connection and web camera, or a smart phone with internet connection is required for all face-to-face visits telemedicine visit. You can sent an appointment and have a phone consult as well.
 - If you forget your password. RediMD uses the highest encryption possible. We will not send out passwords to unsecured emails for your protection. Please call the RediMD number below to have it reset.
 - Visit us at www.RediMD.com for more information and to register

For help, call RediMD at 866-989-CURE, option 3



RediMD visits available from work or home 24/7. Please schedule online at

www.RediMD.com

EMPLOYEE BENEFITS CENTER

NEW EMPLOYEE BENEFITS CENTER – YOUR GUIDE TO YOUR BENEFITS!

We've created a custom site just for you! Find plan brochures, important contact numbers and links, claim forms, and much more! Visit the site below or scan the QR code with your phone's camera!

<http://benefits.ffga.com/wacoisd>



How to Enroll Online: Step by Step Instructions

Step 1: Go to <https://ffga.benselect.com> and enter your login information. Enter your full SSN with no dashes in the top box. Your PIN is the last 4 digits of your SSN and the last 2 digits of the year you were born. It is a 6 digit number. Ex: If the last 4 of your SSSN is 1234 and you were born in 1975, your PIN is 123475.



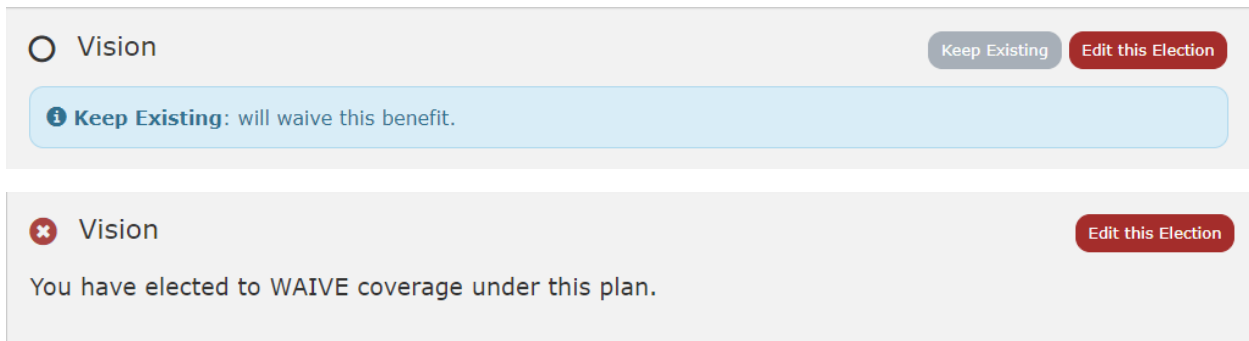
The screenshot shows the login page for the FFenroll ENROLLMENT SITE. It features the FFenroll logo at the top, followed by the text "ENROLLMENT SITE". Below this are two input fields: "Employee ID or Social Security Number" and "Personal Identification Number (PIN)". A small disclaimer states: "By entering your user ID and Personal Identification Number, you are agreeing to the terms of the [Consent to Enroll Electronically](#)." At the bottom of the form is a blue "Log in" button.

2. Once logged in, you will see the blue bar at the top with different headings (see below). Make sure you go through each heading before completing your enrollment.



3. Under You & Your Family, verify/update all of your personal and dependent information. This includes names, date of births, SSNs and genders. If you need to add a Dependent, click the Add Dependent button.

4. When you get to the My Benefits heading, you will need to either enroll or decline/waive each product that is offered. You must choose one before the system will let you complete your enrollment. For example, if you want to enroll in the Vision plan, you would click the "Edit this Election" button seen below. This will open vision the Vision benefit with more information/pricing and allow you to enroll. If you do not want to enroll in the Vision plan, you can click the "Keep Existing" button and it will automatically decline/waive the benefit and change to the 2nd picture below.



The first screenshot shows the "Vision" benefit selection interface. It includes a radio button next to "Vision", a "Keep Existing" button, and an "Edit this Election" button. Below this is a light blue information box that reads: "Keep Existing: will waive this benefit." The second screenshot shows the result of selecting "Keep Existing": the "Vision" benefit is now marked with a red 'x' icon, and the text below reads: "You have elected to WAIVE coverage under this plan." An "Edit this Election" button is still present.

5. Enroll or decline/waive each benefit until all have been completed.

6. Once you have made a decision on each benefit, you will be taken to the Sign & Submit page (see below). Review all of your information and benefit elections. Once verified, enter your PIN at the bottom of the page and click "Sign Form."

Home You & Your Family - My Benefits - Sign & Submit

Sign Forms Page

Here is a recap of your enrollment elections. The summary below shows your election for each benefit and includes your pre-tax and post-tax contributions **per pay period** for each plan.

- Are You Satisfied With Your Elections?** If you are satisfied with your choices, click on the "NEXT" button at the bottom of this screen to sign your Enrollment Verification Form electronically using your PIN.
- Need to Make Some Changes?** If you wish to make any changes to your elections, click on the benefit plan name in the menu on the left.

Benefit Confirmation / Deduction Authorization

Name	Test Test	Date of Birth	01/01/1975	Home Phone		Work Phone		Address	123 Texas Street Austin, TX 78735
Employee ID	2	Hire/Eff Date	10/01/2021	Gender	M	E-mail Address	test@test.com	Reason for Completing Form	Open Enrollment
Location	Houston - North	Department	Cypress - HSA	Job Class	FT Class 1 (Exempt)	Title	Teacher		

Benefit Plan	Option	Cvg	Cycle	Effective Date	Benefit Amount	Requested Cost	Employee Cost Pre-tax	Employee Cost After-tax	Employee Cost
TRE Medical	TRE - ActiveCare HD	EO	12	10/01/2021			104.00	0.00	104.00
Employee Assistance Prog	Employee Assistance Program	EO	12	10/01/2021			0.00	0.00	0.00
Dental (PPO)	Waived								
Dental (DHMO)	Waived								
Vision	Waived								
Flexible Spending Account	Waived								
Health Savings Account - H	Waived								
Short Term Disability (ERT)	Bundle Short Term Disability	EO	12	10/01/2021	577		0.00	0.00	18.62
Voluntary Long Term Disab	Waived								
Group Cancer	Waived								
Accident	Waived								
Critical Illness	Waived								
Group Hospital Indemnity II	Waived								
Group Hospital Indemnity II	Waived								
Basic Group Life	Standard Life - DB	EO	12	10/01/2021	100,000		0.00	0.00	5.80
Voluntary Emp Life and AD	Waived								
Texas Life Insurance	Waived								

Page 1 of 2 rev. 04-11-2007

Page 1

Please enter your PIN below and click on "SIGN FORM" to complete your enrollment and submit your elections. By entering your PIN, you are electronically signing the Benefit Verification/Deduction Confirmation Form above. Please review it carefully before entering your PIN.

PIN:

7. Once you have received the Congratulations message below, you will know you have completed your benefits.

Sign/Submit Complete

Congratulations!

Your enrollment is now complete. You may log-in to the system at any time during the year to review your benefit elections.

If you have any questions or issues regarding your enrollment, please contact your First Financial representative, Taylor Silguero, at 512-630-6654 or Taylor.Silguero@ffga.com.

FLEXIBLE SPENDING ACCOUNTS

MEDICAL FSA

Medical Flexible Spending Accounts (FSA) allow you to set aside pre-tax payroll deductions each paycheck to pay for out of pocket medical, dental and vision expenses for you and your family.

During open enrollment you will estimate the amount you think you will need during the year. This amount will be taken out of each paycheck. Your full annual election will be available to you at the beginning of the plan year.

Your employer has chosen the the 2.5 month grace period for your plan. This option allows you the opportunity to continue to incur eligible expenses if you have unused funds in your account on the plan year end date for an additional 2.5 months. If the money is not used during the 2.5 months it will be forfeited.

FSA PLAN YEAR IS: JANUARY 1, 2022 – DECEMBER 31, 2022
FSA MAX: THE ANNUAL MAXIMUM YOU CAN CONTRIBUTE IS \$2,750

DEPENDENT CARE FSA

With a Dependent Care Flexible Spending Account (FSA), you can set aside part of your pay on a pre-tax basis to pay for eligible dependent care expenses, such as:

- Day Care Centers
- Before/After School Care
- Mothers-Day-Out Program
- Nursery Schools
- Babysitters
- Nanny
- Au Pair
- Day Camps

YOU MAY ALLOCATE UP TO \$5,000 PER TAX YEAR FOR REIMBURSEMENT OF DEPENDENT DAY CARE SERVICES (\$2,500 if you are married and file a separate tax return).

This account allows you to pay for day care expenses for your qualifying dependent/child with pre-tax dollars while you (and your spouse) are working, seeking employment, and/or attending school as a full time student (for at least five months of the year).

Eligible dependents must be claimed as an exemption on your tax return. For full plan details, view the FSA Booklet available on the Employee Benefit Center.



LIMITED PURPOSE FSA

A Limited Purpose Flexible Spending Account (FSA) is designed to allow Health Savings Account (HSA) participants an opportunity to set aside pre-tax funds to pay for eligible out-of-pocket vision and dental services. By establishing a Limited Purpose FSA, you can save money on taxes by using the account for your dental and vision expenses while preserving your HSA funds for other purposes, including simply saving those funds for the future.

Who Can Participate?

To participate in a Limited Purpose FSA, you must be enrolled in the Plan 1 Blue Choice with HSA as well as an HSA.

Eligible Expenses

Eligible expenses include vision expenses, such as eye exams, eyeglasses, contact lenses, contact lens solutions and enzymes, and dental expenses, such as dental care and orthodontia expenses, as long as service has been incurred or and eligible item purchased during the period of coverage. These expenses can be incurred for you, your spouse, and eligible dependent(s). When determining your contributions, please remember that your Limited Purpose FSA can only be used for dental and vision expenses.

HEALTH SAVINGS ACCOUNT – OPTUM BANK

Optum Bank administers the HSA accounts for Waco ISD. An HSA is a personal savings account that can be used to pay for medical, dental, vision and other qualified expenses now or later in life. **To contribute to an HSA, you must be enrolled in the Plan 1 Blue Choice with HSA.**

You can use the money tax-free to pay for eligible expenses such as:

- Copays & Deductibles
- Prescriptions
- Dental Care
- Contacts & Eyeglasses
- Hearing aids
- Laser Eye Surgery
- Orthodontia
- Chiropractic Care

2022 ANNUAL HSA CONTRIBUTION LIMITS

INDIVIDUAL COVERAGE – \$3,650
FAMILY COVERAGE – \$7,300

You may not participate in an HSA if you are covered by a general purpose Health Flexible Spending Account (Health FSA) or a general purpose Health Reimbursement Arrangement (HRA). In addition, if your spouse has a general purpose Health FSA that allows reimbursements for your expenses, you may not participate.

If you have an HSA account, visit <https://enrollhsa.optumbank.com/enrollment#/> to sign in or create your online account.

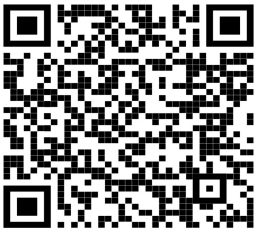
RESOURCES FOR FSA MANAGEMENT

BENEFITS CARD

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

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

APP STORE



FF MOBILE ACCOUNT APP

With the FF Mobile Account App you can submit claims, view account balance & history, see claim status, view alerts, upload receipts and documentation and more! Scan one of the QR codes to download now!

GOOGLE PLAY STORE



FSA STORE

First Financial has partnered with the FSA Store to bring you an easy to use online store to better understand and manage your FSA. Visit <http://www.ffga.com/fsaextras> for more details & special deals!

- Shop for eligible items from bandages to wheel chairs and thousands of products in between
- Browse or search for eligible products and services using the Eligibility List
- Visit the Learning Center to help find answers to questions you may have





BENEFITS AT A GLANCE

VISIT [HTTP://BENEFITS.FFGA.COM/WACOISD](http://benefits.ffga.com/wacoisd) FOR RATES AND BENEFIT INFORMATION.

DENTAL – METLIFE

- 100% coverage on preventative, 80% on basic, and 50% on major services. Ortho included.
- Annual maximum per person covered is \$1500

METLIFE DENTAL PLAN RATES (SEMI-MONTHLY)	
Employee Only	\$10.78
Employee + 1	\$21.56
Employee + Family	\$33.38

See Pages 21-25 for full coverage brochure

DENTAL – QCD

- QCD is a discount dental/vision program
- Must choose a network provider
- No claim forms, deductibles, or coverage maximum

QCD DENTAL PLAN RATES (SEMI-MONTHLY)	
Employee Only	\$0
Employee + 1	\$4.00
Employee + Family	\$6.00

VISION – SUPERIOR

- \$10 co-pay for eye exam.
- \$25 co-pay for eyeglass basic lenses.
- \$150 frame allowance and 20% off balance OR
- \$150 contact lens allowance and 15% off balance.
- FREQUENCY:
 - Exam: once every 12 months
 - lenses or contact lenses: once every 12 months
 - frame: once every 12 months.
- Must choose in-network provider for pricing above.

SUPERIOR VISION PLAN RATES (SEMI-MONTHLY)	
Employee Only	\$3.30
Employee + 1	\$6.38
Employee + Family	\$9.38

See Page 26 for full coverage brochure

NEW ACCIDENT – GUARDIAN

- **The Accident plan is changing from American Fidelity to Guardian. You MUST enroll in the new Guardian plan to keep your coverage. If you do not enroll, your coverage will be dropped.**
- Coverage includes—but is not limited to—accidents, fractured bones, burns, concussions, broken teeth, emergency room treatment, ambulance, hospital

ACCIDENT PLAN RATES (SEMI-MONTHLY)	VALUE	PREMIER
Employee Only	\$3.50	\$6.25
Employee + Spouse	\$6.00	\$11.00
Employee + Child(ren)	\$8.00	\$13.00
Family	\$10.50	\$17.75

See Pages 27-31 for full coverage brochure

NEW CRITICAL ILLNESS – THE STANDARD

The Critical Illness plan is changing from MetLife to The Standard. You MUST enroll in the new Guardian plan to keep your coverage. If you do not enroll, your coverage will be dropped.

If you experience an event such as a heart attack or stroke, Critical Illness Insurance may help. It pays a lump sum amount to help with expenses that may not be covered by major medical insurance – house payments, everyday expenses, lost income, and more. **See Page 32-36 for full coverage brochure.**

NEW CANCER – AMERICAN FIDELITY

The current American Fidelity Cancer plan is being replaced by a new and improved American Fidelity Cancer plan. If you would like to keep your current Cancer plan, it will remain on payroll for you. You do not need to do anything for this to happen. If you would like to switch your current plan to the new American Fidelity plan, you must enroll in the new plan.

The MetLife Cancer plan is being replaced by the new American Fidelity plan. You MUST enroll in the new plan to keep your coverage. If you do not enroll, your coverage will be dropped.

If cancer touches someone in your family, this plan may help ease the impact on your finances. Benefit payments are made directly to you, allowing you to pay for expenses like copayments, hospital stays, and house and car payments. **See Pages 37-40 for full coverage brochure.**

LONG-TERM DISABILITY – AMERICAN FIDELITY

If you become disabled due to a covered injury or sickness, Disability Income Insurance will pay a percentage of your gross monthly income once you have satisfied the elimination period. Disability benefits will be payable up to the benefit period stated in your policy. **Core Plan Brochure: Pages 41-48. Enhanced Plan Brochure: Pages 49-56.**

FEATURES

Multiple Elimination Periods

Waiver of Premium Benefit (after 6 months of continuous disability)

Return to Work Benefit

This allows you to return to work, on a part-time basis, and still receive a portion of the benefit.

VOLUNTARY GROUP LIFE INSURANCE – BLUE CROSS BLUE SHIELD

- \$15,000 Basic Life - **FREE** to employees
- Except for NEW HIRES, any coverage elected for employee or spouse is subject to medical questions
- Accidental Death & Dismemberment coverage included
- **See Pages 57-60 for full coverage brochure**

SPOUSE AND CHILD RATES (SEMI-MONTHLY)	
Option 1: Spouse \$5,000, Child \$2,000	\$0.25
Option 2: Spouse \$10,000, Child \$5,000	\$0.53
Option 3: Spouse \$15,000, Child \$5,000	\$0.63
Option 4: Spouse \$20,000, Child \$5,000	\$0.73
Option 5: Spouse \$25,000, Child \$5,000	\$0.83

VOLUNTARY GROUP LIFE EMPLOYEE RATES (SEMI-MONTHLY)	
\$10,000	\$0.57
\$20,000	\$1.13
\$30,000	\$1.70
\$40,000	\$2.26
\$50,000	\$2.83
\$60,000	\$3.39
\$70,000	\$3.96
\$80,000	\$4.52
\$90,000	\$5.09
\$100,000	\$5.65

PERMANENT, PORTABLE LIFE INSURANCE – TEXAS LIFE

Ensuring your family is financially covered in the event of a loss is an important way of showing them you care about their needs. Life Insurance can help. Portable, Individual Life Insurance policies may help your family in the event of your death. The application process is simple. You only have to answer three health questions, and there are no medical exams required. **See Pages 61-64 for rates.**

ID THEFT PROTECTION AND LEGAL PLAN – ILOCK 360 AND LEGALSHIELD

LEGALSHIELD MEMBERSHIP INCLUDES:

- Personal Legal Advice on unlimited issues
- Contracts & documents reviewed (up to 15 pages)
- Moving Traffic Violations (available 15 days after enrollment)
- 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.)
- Lawyers prepare your Will, your Living Will and your Health Care Power of Attorney
- Letters/calls made on your behalf
- Residential Loan Document Assistance
- 24/7 Emergency Access for covered situations
- IRS Audit Assistance

ILOCK 360 MEMBERSHIP INCLUDES:

- Basic CyberAlert service - **FREE** benefit to employees that enroll
- CyberAlert Internet Surveillance
- Social Security Number Tracing
- Credit Monitoring
- Full Service Restoration
- \$1 Million in Identity Theft Insurance

SEMI-MONTHLY RATES	INDIVIDUAL	FAMILY
iLock 360	\$4.48	\$9.48
Legal Shield	\$9.48	\$9.48
Combined	\$13.95	\$16.95

See Page 65 for full coverage brochure

HOSPITAL INDEMNITY – AETNA

The American Fidelity Gap plan is being replaced by the Aetna Hospital Indemnity plan. You MUST enroll in the new plan to keep your coverage. If you do not enroll, your coverage will be dropped. The hospital indemnity plan is designed to help cover your out-of-pocket expenses that can really add up. Supplementing your major medical with a hospital indemnity plan may help you pay for expenses such as deductibles, co-payments, and co-insurance.

HOSPITAL INDEMNITY PLAN RATES (SEMI-MONTHLY)	LOW PLAN	HIGH PLAN
Employee Only	\$8.26	\$12.51
Employee + Spouse	\$17.10	\$25.82
Employee + Child(ren)	\$12.95	\$19.61
Family	\$20.39	\$30.85

See Pages 66-71 for full coverage brochure

EMPLOYEE ASSISTANCE PROGRAM – AMERICAN FIDELITY

To access, call 800-295-8323 or go to americanfidelity.mysupportportal.com

- Convenient Counseling Locations accessible and geo-matched from home/work
- 24 Hour Call Center and Solution Focused Counseling
- See Page 72 for full coverage brochure
- Drug and Alcohol Awareness Program
- Tobacco Cessation Courses

Dental

Metropolitan Life Insurance Company

Network: PDP Plus

Coverage Type	In-Network % of Negotiated Fee *	Out-of-Network % of Negotiated Fee *
Type A: Preventive (cleanings, exams, X-rays)	100%	100%
Type B: Basic Restorative (fillings, extractions)	80%	80%
Type C: Major Restorative (bridges, dentures)	50%	50%
Type D: Orthodontia	50%	50%

Deductible [†]		
Individual	\$50	\$50
Family	\$150	\$150
Annual Maximum Benefit		
Per Person	\$1,500	\$1,500
Orthodontia Lifetime Maximum		
Per Person	\$1,000	\$1,000

Child(ren)'s eligibility for dental coverage is from birth up to age 26 and unmarried.

Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums.

Negotiated fees are subject to change.

[†]Applies only to Type B & C Services.

List of Primary Covered Services & Limitations

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Type A – Preventive	How Many/How Often
Oral Examinations	<ul style="list-style-type: none"> • One exam every 6 months
X-rays	<ul style="list-style-type: none"> • Full mouth X-rays: once every 5 years • Bitewing X-rays: one set every 12 months
Prophylaxis (cleanings)	<ul style="list-style-type: none"> • One every 6 months
Topical Fluoride Applications	<ul style="list-style-type: none"> • Topical fluoride treatment for children under age 14 once in 12 months
Sealants	<ul style="list-style-type: none"> • One sealant or sealant repair per tooth every 60 months for each non-restored, non-decayed 1st and 2nd molar of children under age 16
Type B – Basic Restorative	How Many/How Often
Fillings	<ul style="list-style-type: none"> • Replacement once every 24 months
Oral Surgery	
Simple Extractions	
General Anesthesia	<ul style="list-style-type: none"> • When dentally necessary in connection with oral surgery, extractions or other covered dental services
Crown, Denture and Bridge Repair/Recementations	<ul style="list-style-type: none"> • Once in a 12 month period
Space Maintainers	<ul style="list-style-type: none"> • Space maintainers for children under age 14 once per lifetime per tooth area
Type C – Major Restorative	How Many/How Often
Bridges and Dentures	<ul style="list-style-type: none"> • Initial placement to replace one or more natural teeth, which are lost while covered by the plan • Dentures and bridgework replacement: one every 10 years • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns, Inlays and Onlays	<ul style="list-style-type: none"> • Replacement once every 10 years
Endodontics	<ul style="list-style-type: none"> • Root canal treatment limited to once per tooth
Periodontics	<ul style="list-style-type: none"> • Periodontal scaling and root planing once per quadrant in any 24 month period • Periodontal surgery once per quadrant in any 36 month period • Total number of periodontal maintenance treatments and prophylaxis cannot exceed one treatment in a 6 month period
Implants	<ul style="list-style-type: none"> • Replacement once every 10 years • Repair once in a 12 month period
Type D – Orthodontia	How Many/How Often
	<ul style="list-style-type: none"> • You, your spouse and your children, up to age 26, are covered while Dental insurance is in effect • All dental procedures performed in connection with orthodontic treatment are payable as Orthodontia • Payments are on a repetitive basis • 20% of the Orthodontia Lifetime Maximum will be considered at initial placement of the appliance and paid based on the plan benefit's coinsurance level for Orthodontia as defined in the plan summary • Orthodontic benefits end at cancellation of coverage

Frequently Asked Questions

Who is a participating dentist?

A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in full for covered services provided to plan members. Negotiated fees typically range from 15%-45% below the average fees charged in a dentist's community for the same or substantially similar services.[†]

How do I find a participating dentist?

There are thousands of general dentists and specialists to choose from nationwide --so you are sure to find one that meets your needs. You can receive a list of these participating dentists online at www.metlife.com/mybenefits or call 1-800-942-0854 to have a list faxed or mailed to you.

What services are covered under this plan?

All services defined under the group dental benefits plan are covered. Please review the enclosed plan benefits to learn more.

May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a non-participating dentist, your out-of-pocket costs may be higher. He/she hasn't agreed to accept negotiated fees. So you may be responsible for any difference in cost between the dentist's fee and your plan's benefit payment.

Can my dentist apply for participation in the network?

Yes. If your current dentist does not participate in the network and you would like to encourage him/her to apply, ask your dentist to visit www.metdental.com, or call 1-866-PDP-NTWK for an application.^{††} The website and phone number are for use by dental professionals only.

How are claims processed?

Dentists may submit your claims for you which means you have little or no paperwork. You can track your claims online and even receive email alerts when a claim has been processed. If you need a claim form, visit www.metlife.com/mybenefits or request one by calling 1-800-942-0854.

Can I find out what my out-of-pocket expenses will be before receiving a service?

Yes. You can ask for a pretreatment estimate. Your general dentist or specialist usually sends MetLife a plan for your care and requests an estimate of benefits. The estimate helps you prepare for the cost of dental services. We recommend that you request a pre-treatment estimate for services in excess of \$300. Simply have your dentist submit a request online at www.metdental.com or call 1-877-MET-DDS9. You and your dentist will receive a benefit estimate for most procedures while you are still in the office. Actual payments may vary depending upon plan maximums, deductibles, frequency limits and other conditions at time of payment.

Can MetLife help me find a dentist outside of the U.S. if I am traveling?

Yes. Through international dental travel assistance services* you can obtain a referral to a local dentist by calling +1-312-356-5970 (collect) when outside the U.S. to receive immediate care until you can see your dentist. Coverage will be considered under your out-of-network benefits.** Please remember to hold on to all receipts to submit a dental claim.

How does MetLife coordinate benefits with other insurance plans?

Coordination of benefits provisions in dental benefits plans are a set of rules that are followed when a patient is covered by more than one dental benefits plan. These rules determine the order in which the plans will pay benefits. If the MetLife dental benefit plan is primary, MetLife will pay the full amount of benefits that would normally be available under the plan, subject to applicable law. If the MetLife dental benefit plan is secondary, most coordination of benefits provisions require MetLife to determine benefits after benefits have been determined under the primary plan. The amount of benefits payable by MetLife may be reduced due to the benefits paid under the primary plan, subject to applicable law.

Do I need an ID card?

No. You do not need to present an ID card to confirm that you are eligible. You should notify your dentist that you are enrolled in the MetLife Preferred Dentist Program. Your dentist can easily verify information about your coverage through a toll-free automated Computer Voice Response system.

[†]Based on internal analysis by MetLife. Negotiated Fees refer to the fees that in-network dentists have

agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

††Due to contractual requirements, MetLife is prevented from soliciting certain providers.

*AXA Assistance USA, Inc. provides Dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations.

**Refer to your dental benefits plan summary for your out-of-network dental coverage.

Exclusions

This plan does not cover the following services, treatments and supplies:

- Services which are not Dentally Necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature;
- Services for which you would not be required to pay in the absence of Dental Insurance;
- Services or supplies received by you or your Dependent before the Dental Insurance starts for that person;
- Services which are primarily cosmetic (for Texas residents, see notice page section in Certificate), unless required for the treatment or correction of a congenital defect of a newborn child;
- Services which are neither performed nor prescribed by a Dentist except for those services of a licensed dental hygienist which are supervised and billed by a Dentist and which are for:
 - Scaling and polishing of teeth; or
 - Fluoride treatments;
- Services or appliances which restore or alter occlusion or vertical dimension;
- Restoration of tooth structure damaged by attrition, abrasion or erosion;
- Restorations or appliances used for the purpose of periodontal splinting;
- Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco;
- Personal supplies or devices including, but not limited to: water picks, toothbrushes, or dental floss;
- Decoration, personalization or inscription of any tooth, device, appliance, crown or other dental work;
- Missed appointments;
- Services:
 - Covered under any workers' compensation or occupational disease law;
 - Covered under any employer liability law;
 - For which the employer of the person receiving such services is not required to pay; or
 - Received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital;
- Services covered under other coverage provided by the Employer;
- Temporary or provisional restorations;
- Temporary or provisional appliances;
- Prescription drugs;
- Services for which the submitted documentation indicates a poor prognosis;
- The following when charged by the Dentist on a separate basis:
 - Claim form completion;
 - Infection control such as gloves, masks, and sterilization of supplies; or
 - Local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide.
- Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing or biting of food;
- Caries susceptibility tests;
- Initial installation of a fixed and permanent Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Other fixed Denture prosthetic services not described elsewhere in the certificate;
- Precision attachments associated with fixed and removable prostheses, except when the precision attachment is related to implant prosthetics;

- Initial installation of a full or removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Addition of teeth to a partial removable Denture to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Adjustment of a Denture made within 6 months after installation by the same Dentist who installed it;
- Implants supported prosthetics to replace one or more natural teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth;
- Fixed and removable appliances for correction of harmful habits;
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards;
- Diagnosis and treatment of temporomandibular joint (TMJ) disorders;
- Replacement of an orthodontic device;
- Duplicate prosthetic devices or appliances;
- Replacement of a lost or stolen appliance, Cast Restoration, or Denture; and
- Intra and extraoral photographic images.

Limitations

Alternate Benefits: Where two or more professionally acceptable dental treatments for a dental condition exist, reimbursement is based on the least costly treatment alternative. If you and your dentist have agreed on a treatment that is more costly than the treatment upon which the plan benefit is based, you will be responsible for any additional payment responsibility. To avoid any misunderstandings, we suggest you discuss treatment options with your dentist before services are rendered, and obtain a pre-treatment estimate of benefits prior to receiving certain high cost services such as crowns, bridges or dentures. You and your dentist will each receive an Explanation of Benefits (EOB) outlining the services provided, your plan's reimbursement for those services, and your out-of-pocket expense. Procedure charge schedules are subject to change each plan year. You can obtain an updated procedure charge schedule for your area via fax by calling 1-800-942-0854 and using the MetLife Dental Automated Information Service. Actual payments may vary from the pretreatment estimate depending upon annual maximums, plan frequency limits, deductibles and other limits applicable at time of payment.

Cancellation/Termination of Benefits: Coverage is provided under a group insurance policy (Policy form GPNP99) issued by Metropolitan Life Insurance Company (MetLife). Coverage terminates when your membership ceases, when your dental contributions cease or upon termination of the group policy by the Policyholder or MetLife. The group policy terminates for non-payment of premium and may terminate if participation requirements are not met or if the Policyholder fails to perform any obligations under the policy. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP99 or contact MetLife.



Vision Plan Benefits for Waco ISD

Co-Pays		Semi-Monthly Premiums		Services/Frequency	
Exam	\$10	Emp. only	\$3.30	Exam	12 months
Materials	\$25	Emp. + 1 dependent	\$6.38	Frame	12 months
		Emp. + family	\$9.38	Lenses	12 months
				Contact Lenses	12 months

(Based on date of service)

Benefits through [Superior Select Southwest Network](#)

	<u>In-Network</u>	<u>Out-of-Network</u>
Exam	Covered in full	Up to \$35 retail
Frames	\$150 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 ¹	Up to \$45 retail
Contact Lenses ²	\$150 retail allowance	Up to \$80 retail
Medically Necessary Contact Lenses	Covered in full	Up to \$150 retail
Lasik Vision Correction ³		\$200 allowance

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

¹ 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

² Contact lenses and related professional services (fitting, evaluation and follow-up) are covered in lieu of eyeglass lenses and frames benefit

³ Lasik Vision Correction is in lieu of eyewear benefit, subject to routine regulatory filings and certain exclusions and limitations

Discount Features

Non-Covered Eyewear Discount: Members may also receive a discount of 20% from a participating provider's usual and customary fees for eyewear purchases which exceed the benefit coverage (except disposable contact lenses, for which no discount applies). This includes eyeglass frames which exceed the selected benefit coverage, specialty lenses (i.e. progressives) and lens "extras" such as tints and coatings. Eyewear purchased from a Walmart Vision Center does not qualify for this additional discount because of Walmart's "Always Low Prices" policy.

The National LASIK Network of laser vision correction providers, featuring LasikPlus, offers members special program pricing on services. The program pricing should be verified prior to service.

SuperiorVision.com
Customer Service
800.507.3800

The Plan discount features are not insurance.

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.

Discounts are subject to change without notice.

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



Accident insurance

Accidents happen. With accident insurance, you can help them hurt a bit less.

Accident insurance is an extra layer of protection that gives you a cash payment to help cover out-of-pocket expenses when you suffer an unexpected, qualifying accident.

Who is it for?

Nobody can predict when an accident might happen. That's why accident insurance is an important add-on policy for people who want to supplement the health and disability insurance coverage they already have individually or through an employer.

What does it cover?

Accident insurance pays you lump sum benefits after an accident happens. This could be a severe burn, broken bone or emergency room visit. Our accident insurance policies also offer an increased benefit that pays extra for children injured while playing an organized sport like soccer, baseball, lacrosse, or football.

The child must be covered at the time the accident occurred and be 18 years of age or younger.

Why should I consider it?

Health coverage may become more expensive, with higher co-pays, premiums, and deductibles. Accident insurance can be a simple, affordable way to help supplement and cover additional expenses your health and disability insurance may not cover, including x-rays, ambulance services, deductibles, and even things like rent or groceries.

Plus, accident insurance is portable and payments are made directly to you.

You will receive these benefits if you meet the conditions listed in the policy.



Added support during recovery

Amanda breaks her leg falling off her bike and needs emergency treatment.

Average non-surgical broken leg treatment expense: **\$2,500**

Average Major Medical deductible: **\$1,500**

Major Medical covers 80% of the surgical cost after the deductible is met, but Amanda's still responsible for 20%: **\$200**

Total out-of-pocket amount for Amanda (deductible + coinsurance): **\$1,700**

Amanda's Guardian Accident policy pays her a benefit of **\$1,700**, which covers all of her out-of-pocket expenses.

This example is for illustrative purposes only. Your plan's coverage may vary. See your plan's information on the following pages for specific amounts and details.



Your accident coverage

ACCIDENT		
COVERAGE - DETAILS	Option 1: Value	Option 2: Premier
Your Semi-monthly premium	\$3.50	\$6.25
You and Spouse/Domestic Partner	\$6.00	\$11.00
You and Child(ren)	\$8.00	\$13.00
You, Spouse/Domestic Partner and Child(ren)	\$10.50	\$17.75
Accident Coverage Type	Off Job	Off Job
Portability - Allows you to take your Accident coverage with you if you terminate employment.	Included	Included
ACCIDENTAL DEATH AND DISMEMBERMENT		
Benefit Amount(s)	Employee \$12,500 Spouse \$5,000 Child \$5,000	Employee \$20,000 Spouse \$10,000 Child \$5,000
Catastrophic Loss	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D	Quadriplegia, Loss of speech & hearing (both ears), Loss of Cognitive function: 100% of AD&D Hemiplegia & Paraplegia: 50% of AD&D
Common Carrier	200% of AD&D benefit	200% of AD&D benefit
Common Disaster	200% of Spouse AD&D benefit	200% of Spouse AD&D benefit
Dismemberment - Hand, Foot, Sight	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit	Single: 50% of AD&D benefit Multiple: 100% of AD&D benefit
Dismemberment - Thumb/Index Finger Same Hand, Four Fingers Same Hand, All Toes Same Foot	25% of AD&D benefit	25% of AD&D benefit
Seatbelts and Airbags	Seatbelts: \$10,000 & Airbags: \$15,000	Seatbelts: \$10,000 & Airbags: \$15,000
Reasonable Accommodation to Home or Vehicle	\$2,500	\$2,500
WELLNESS BENEFIT - Per Year Limit	\$50	\$75
Child(ren) Age Limits	Children age birth to 26 years	Children age birth to 26 years
RAINY DAY FUND	Benefit Amount: \$300 Rollover Maximum: \$150 Fund Maximum: \$600	Benefit Amount: \$500 Rollover Maximum: \$250 Fund Maximum: \$1,000
FEATURES		
Air Ambulance	\$750	\$1,250
Ambulance	\$200	\$400
Blood/Plasma/Platelets	\$100	\$200



Your accident coverage

FEATURES (Cont.)	Option 1: Value	Option 2: Premier
Burns (2nd Degree/3rd Degree)	9 sq inches To 18 sq inches: \$0/\$1,700 18 sq inches To 35 sq inches: \$850/\$3,350 Over 35 sq inches: \$2,500/\$10,000	Not Included
Burns - Skin Graft	50% of burn benefit	50% of burn benefit
Child Organized Sport - Benefit is paid if the covered accident occurred while your covered child, age 18 years or younger, is participating in an organized sport that is governed by an organization and requires formal registration to participate.	25% increase to child benefits	25% increase to child benefits
Chiropractic Visits	\$25/visit, up to 6 visits	\$25/visit, up to 6 visits
Coma	\$5,000	\$10,000
Concussion Baseline Study	\$25	\$25
Concussions	\$250	\$500
Diagnostic Exam (Major)	\$100	\$200
Dislocations	Schedule up to \$3,000	Schedule up to \$6,000
Doctor Follow-Up Visits	\$25, up to 6 treatments	\$50, up to 6 treatments
Emergency Dental Work	\$100/Crown, \$25/Extraction	\$200/Crown, \$50/Extraction
Emergency Room Treatment	\$100	\$200
Epidural Anesthesia Pain Management	\$50, 2 times per accident	\$100, 2 times per accident
Eye Injury	\$100	\$300
Fractures	Schedule up to \$4,000	Schedule up to \$8,000
Gun Shot Wound	\$500	\$1,000
Hospital Admission	\$750	\$1,000
Hospital Confinement	\$150/day - up to 1 year	\$225/day - up to 1 year
Hospital ICU Admission	\$1,500	\$2,000
Hospital ICU Confinement	\$300/day - up to 15 days	\$450/day - up to 15 days
Initial Dr. Office/Urgent Care Facility Treatment	\$100	\$150
Knee Cartilage	\$250	\$750
Laceration	Schedule up to \$400	Schedule up to \$800
Lodging - The hospital stay must be more than 50 miles from the insured's residence.	\$100/day, up to 30 days for companion hotel stay	\$150/day, up to 30 days for companion hotel stay
Medical Appliance—Wheelchair, motorized scooter, leg or back brace, cane, crutches, walker, walking boot that extends above the ankle or brace for the neck.	Schedule up to \$300	Schedule up to \$500
Outpatient Therapies	\$25/day, up to 10 days	\$35/day, up to 10 days
Post-Traumatic Stress Disorder	\$200	\$200
Prosthetic Device/Artificial Limb	1: \$750 2 or more: \$1,500	1: \$1,500 2 or more: \$3,000
Rehabilitation Unit Confinement	\$50/day, up to 15 days	\$75/day, up to 15 days
Ruptured Disc With Surgical Repair	\$250	\$1,000
Surgery (Cranial, Open Abdominal, Thoracic, Hernia) Max	Schedule up to \$500 Hernia: \$100	Schedule up to \$1,000 Hernia: \$200

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Your accident coverage

FEATURES (Cont.)	Option 1: Value	Option 2: Premier
Surgery (Exploratory or Arthroscopic)	\$250	\$500
Tendon/Ligament/Rotator Cuff	1: \$250 2 or more: \$500	1: \$1,000 2 or more: \$2,000
Transportation - Benefit is paid if you have to travel more than 50 miles one way to receive special treatment at a hospital or facility due to a covered accident.	\$0.50 per mile, limited to \$300/round trip, up to 3 times per accident	\$0.50 per mile, limited to \$600/round trip, up to 3 times per accident
Traumatic Brain Injury — A nondegenerative, noncongenital Injury to the brain from an external nonbiological force, requiring Hospital Confinement for 48 hours or more and resulting in a permanent neurological deficit with significant loss of muscle function and persistent clinical symptoms.	\$2,500	\$5,000
X - Ray	\$30	\$50

UNDERSTANDING YOUR BENEFITS:

- **Common Carrier** – Benefit is paid if an insured's death occurs due to an accident while riding as a fare-paying passenger in a public conveyance. If this is paid, we do not pay the Accidental Death benefit.
- **Common Disaster** – Benefit is paid if both you & your spouse die in a covered accident or separate covered accidents within the same 24 hour period.
- **Reasonable Accommodation** – Benefit is payable if a modification is required to an insured's place of residence or vehicle due to an Accidental Dismemberment or Catastrophic loss.
- **Emergency Room Treatment** – Benefit is paid only when an insured is examined or treated within 72 hours of a covered accident.
- **Rainy Day Fund** – Can pay benefits when a claimant has exhausted a frequency limitation that applies to a particular benefit. Rainy Day Fund will apply to the following benefits Air Ambulance, Ambulance, Blood/Plasma/Platelets, Chiropractic visits, Diagnostic Exam (Major), Doctor Follow-Up visits, Emergency Dental Work, Epidural Anesthesia Pain Management, Eye Injury, Family Care, Fractures, Gun Shot Wound, Hospital Confinement, Hospital ICU Confinement, Joint Replacement, Knee Cartilage, Lodging, Outpatient Therapies, Rehabilitation Unit Confinement, Ruptured Disc with Surgical Repair, Surgery (Cranial, Open Abdominal, Thoracic, Hernia), Surgery (Exploratory and Arthroscopic), Transportation and X-Ray, if they are included on your plan.



Your accident coverage

LIMITATIONS AND EXCLUSIONS:

A SUMMARY OF ACCIDENT LIMITATIONS AND EXCLUSIONS:

Employees must be working in the United States in order to be eligible for coverage. Underwriting must approve coverage for employees on temporary assignment: (a) exceeding 1 year; or (b) in an area under travel warning by the US Department of State, subject to state specific variations.

This proposal summarizes the major features of the Guardian Accident benefit plan. It is not intended to be a complete representation of the proposed plan. For full plan features, including exclusions and limitations, please refer to your Policy.

This proposal is hedged subject to satisfactory financial evaluation.

We don't pay benefits for any Injury caused by or related to directly or indirectly: Sickness, disease, mental infirmity or medical or surgical treatment; the covered person being legally intoxicated; declared or undeclared war, act of war, or armed aggression; service in the armed forces, National Guard, or military reserves of any state or country; taking part in a riot or civil disorder; commission of, or attempt to commit a felony; intentionally self-inflicted Injury, while sane or insane; suicide or attempted suicide, while sane or insane; travel or flight in any kind of aircraft, including any aircraft owned by or for the

policyholder, except as a fare-paying passenger on a common carrier; participation in any kind of sporting activity for compensation or profit, including coaching or officiating; riding in or driving any motor-driven vehicle in a race, stunt show or speed test; participation in hang gliding, bungee jumping, sail gliding, parasailing, parakiting, ballooning, parachuting, zorbing or skydiving; an accident that occurred before the covered person is covered by this plan; injuries to a dependent child received during birth; voluntary use of any poison, chemical, prescription or non-prescription drug or controlled substance unless: (1) it was prescribed for a covered person by a doctor, and (2) it was used as prescribed. In the case of a non-prescription drug, this Plan does not pay for any Accident resulting from or contributed to by use in a manner inconsistent with package instructions. "Controlled substance" means anything called a controlled substance in Title II of the Comprehensive Drug Abuse Prevention and Control Act of 1970, as amended from time to time. Job related or on the job injuries for the employee are excluded if Accident coverage is off job only.

Contract # GP-1-ACC-18

If Accident insurance premium is paid for on a pre tax basis, the benefit may be taxable. Please contact your tax or legal advisor regarding the tax treatment of your policy benefits.

Guardian's Accident Insurance is underwritten and issued by The Guardian Life Insurance Company of America, New York, NY. Products are not available in all states. Policy limitations and exclusions apply. Optional riders and/or features may incur additional costs. Plan documents are the final arbiter of coverage. This policy provides Accident insurance only. It does not provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

IMPORTANT NOTICE –THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.
Policy Form # GP-1-AC-BEN-12, et al., GP-1-LAH-12R; GP-1-ACC-18



Group Critical Illness Insurance

Help cover out-of-pocket expenses associated with a serious illness.

You may have medical insurance. But that doesn't mean you're covered for all of the expenses resulting from a serious illness that you probably haven't budgeted for — things like copays, deductibles, loss of income, child care and travel expenses. Group Critical Illness insurance helps fill the gap caused by these out-of-pocket costs, creating a financial safety net for you and your family.



Nearly 20% of cancer patients

more than **\$20,000** each year in total out-of-pocket costs.

40% reported having difficulties paying medical bills.¹



Cancer patients are

2^{1/2} times more likely

to declare bankruptcy.²

Help ensure your financial plans stay healthy even when you're not.

Critical Illness insurance is an affordable way to make up the difference between what your medical insurance covers and what you'd owe out of pocket if you or a family member were to be diagnosed with a covered critical illness.

1 - The Mesothelioma Center at Asbestos.com, 2019

2 - Hutchinson Institute for Cancer Outcomes Research, 2016

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.

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	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

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.

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Important Details

Here's where you'll find the nitty-gritty details about Critical Illness Insurance.

Portability

This coverage is portable. That means that you may be able to continue your coverage through direct bill if your employment ends, the group policy terminates or your insurance ends because you no longer meet the eligibility requirements.

Eligibility Requirements

To be eligible for this coverage, you must be 18 years old or older, a regular employee of Waco Independent School District, actively working in the United States at least 20 hours per week and a citizen or resident of the United

States. Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

You can choose to cover your spouse, 18 years old or older, a person to whom you are legally married. You can also cover your child(ren) from birth through age 25. Your child(ren) cannot be insured by more than one employee.

Your spouse or child(ren) must not be full-time member(s) of the armed forces. You cannot be insured as both an individual and a dependent.

A minimum number of eligible employees must apply and qualify for the proposed plan before Critical Illness insurance coverage can become effective.

Your Effective Date

You must satisfy the eligibility requirements listed above, serve an eligibility waiting period, agree to pay premium and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative or plan administrator for more information regarding the requirements that must be satisfied for your insurance to become effective.

Annual Open Enrollment

You may enroll for coverage for you and your spouse up to the maximum amount if you enroll within 31 days after becoming eligible. However, if you do not enroll during this period or want to increase your coverage up to the maximum amount, you may do so during your employer's annual open enrollment period.

Reoccurrence Benefit

If you or your dependents receive a benefit for a covered critical illness and are later diagnosed with the same critical illness, a one-time reoccurrence benefit will be paid if you or your dependents have:

- Been continuously insured under the group policy between the initial and subsequent diagnosis or recommendation
- Served a 6-month treatment-free period in connection with the critical illness during which you or your dependents did not:
 - Consult a physician or other licensed medical professional
 - Receive medical treatment, services or advice
 - Undergo diagnostic procedures, including self-administered procedures
 - Take prescribed drugs or medications

Exclusions

Benefits are not payable if a critical illness is caused or contributed to by any of the following:

- War or any act of war
- Attempted suicide or other intentionally self-inflicted injury, while sane or insane
- Committing or attempting to commit an assault, felony or act of terrorism
- Active participation in a violent disorder or riot
- The voluntary use or consumption of any poison, chemical compound, drug or alcohol in excess of the legal limit in the state the critical illness occurred, unless used or consumed according to the directions of a physician
- Elective surgery or other procedure which:
 - Does not promote the proper function of your or your dependent's body or prevent or treat sickness or injury
 - Is directed at improving your or your dependent's appearance, unless such surgery or procedure is necessary to correct a deformity resulting from a congenital abnormality or disfigurement

Note: This exclusion will not apply to a critical illness caused or contributed to by your or your dependent's donation of an organ or tissue.

When Your Insurance Ends

Your insurance ends if you notify your employer or policyholder to terminate your coverage, you stop making premium payments, your employment terminates, you cease meeting the member definition or the group policy terminates.

Child and spouse insurance ends when your insurance ends, they cease to meet the definition of child or spouse, you stop making premium payments for spouse insurance, spouse or child insurance is no longer offered under the group policy or the group policy terminates.

Group Insurance Certificate

If coverage becomes effective and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

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

This is a limited benefit policy.

GP0614-CI

Standard Insurance Company

1100 SW Sixth Avenue

Portland OR 97204

www.standard.com

SI 17616-D-TX-Waco Independent School District (9/21)

6918132-754238



AF™ Group Cancer Insurance

Focus on the fight.

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

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

Did You Know?

New cancer cases in America are diagnosed at the rate of about 4,626 per day.

American Cancer Society: Cancer Facts and Figures 2017, pg. 4.

Plan Highlights

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

Cancer Insurance Benefits

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

Example cancer insurance benefits include:



Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for our AFQuickClaims®.



Travel Expenses

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

AMERICAN FIDELITY 
a different opinion

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)	\$500	\$1,500
Donor Provided (per calendar year)	\$1,500	\$4,500
Prosthesis and Orthotic Benefit and Related Services	\$1,000	\$2,000
Surgical (1/site; lifetime max 2/covered person)	\$100	\$200
Non-surgical (1/site; lifetime max 3/covered person)	\$100	\$200
Hair Prosthesis (once per life)		
Hospital Confinement Benefit		
Day 1-30	\$100/day	\$300/day
Day 31+	\$200/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	\$100/day	\$300/day
Day 31+	\$200/day	\$600/day

TREATMENT BENEFITS	BASIC	ENHANCED PLUS
Donor Benefit	\$1,000/donation	
Drugs and Medicine Benefit		
Inpatient (payable per confinement)	\$50	\$200
Outpatient (\$50/prescription/calendar month up to max shown)	\$50	\$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)	Coach fare or \$.50/mile by car	Coach fare or \$.50/mile by car
Lodging (per day up to 90 days per calendar year)	\$50	\$75
Ambulance Benefit		
Ground (per trip, up to 2 per confinement)	\$200	\$200
Air (per trip, up to 2 per confinement)	\$2,000	\$2,000
Physical or Speech Therapy 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)		\$600
Ambulance		\$100

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

Semi-Monthly Premium

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

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

Plan Benefit Highlights

Only loss for cancer Unless otherwise indicated, benefits are payable only for loss pays only for loss resulting from definitive Cancer diagnosis or treatment including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. The Policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The Policy does not cover any other disease, sickness, or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically covered under the Dread Disease Benefit or Hospital Intensive Care Unit Benefit; or Heart Attack or Stroke Diagnosis Benefit, if included.

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

Such Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. Diagnosis must be made based on a microscopic examination of fixed tissue, or preparations from the hemic system (either during life or post-mortem). The pathologist establishing the diagnosis shall base his judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue and/or specimen.

Radiation Therapy, Chemotherapy or Immunotherapy Benefit We will pay the actual charges up to the benefit listed in the schedule per 12 month period. If Proof of Loss regarding actual charges for treatment is not submitted, we will pay the daily amount shown in your certificate for each day treatment is received, up to the actual charges maximum per 12-month period. Upon receipt of actual charges Proof of Loss, we will pay the difference, up to the maximum per 12-month period. Actual charges are the amount actually paid by or on behalf of the Covered Person and accepted by the provider for services provided.

This benefit does not cover other related procedures such as treatment planning, treatment management or consultation, design and construction of treatment devices, radiation dosimetry calculation, lab tests, x-rays, scans, medical supplies and equipment used in administration (IV solutions, needles, dressings, pumps, catheters, etc.).

Administrative and Lab Work Benefit Paid only if the Covered Person is also receiving the Radiation Therapy, Chemotherapy or Immunotherapy Benefit during the same calendar month.

Hormone Therapy Benefit Drugs and medicines covered under the Drugs and Medicine Benefit or the Radiation Therapy, Chemotherapy or Immunotherapy Benefit are not included. This benefit does not cover associated administrative processes.

Experimental Treatment Benefit Benefits for experimental treatment prescribed by a physician for treatment of Cancer will be provided the same as non-experimental treatment. Coverage for treatments received outside of the United States or its territories is not provided.

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

Medical Imaging Benefit Payable for a Covered Person who has been diagnosed with Cancer who receives either an MRI, CT scan, CAT scan, PET scan, or RAIU (thyroid) test when performed at the request of a physician.

Surgical Benefit Payable when a surgical operation is performed for covered diagnosed Cancer, Skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current Physician's Relative Value Table, by the unit dollar amount shown in your certificate schedule. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries, surgeries to implant a permanent prosthetic device, surgeries required for administration of Radiation Therapy, Chemotherapy or Immunotherapy are not covered under this benefit.

Anesthesia Benefit Services of an anesthesiologist for Skin Cancer or surgical prosthesis implantation are not covered.

Second and Third Surgical Opinion Benefit Payable once per diagnosis of Cancer for a second surgical opinion, and a third if the second disagrees with the first. Surgical opinions for reconstructive, Skin Cancer, or prosthesis surgeries are not covered.

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

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

Prosthesis and Orthotic Benefit and Related Services Payable for a Prosthetic or Orthotic Device and, if surgery required, its surgical implantation. Prosthetic related supplies such as special bras or ostomy pouches and supplies are not covered. Benefits for a hair prosthesis will only be covered under the Hair Prosthesis Benefit.

Covered benefits under this provision are limited to the most appropriate model of Prosthetic Device or Orthotic Device that adequately meets the medical needs of the Covered Person as determined by the Covered Person's treating Physician or podiatrist and prosthetist or orthotist, as applicable. The Prosthesis Benefit will include repair and replacement of a Prosthetic Device or Orthotic Device, unless the repair or replacement is necessitated by misuse by the Covered Person.

Hospital Confinement Benefit Pays when the Covered Person requires Hospital confinement for at least 18 continuous hours. Hospital shall not include an institution, or part thereof, used by the Covered Person as a place for rehabilitation; a hospice unit, including any bed designated as a hospice or swing bed; 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.

U.S. Government or Charity Hospital Benefit Payable when an itemized list of services is not available and the Covered Person is confined in a charity Hospital or a Hospital owned or operated by the U.S. government as a result of Cancer or Dread Disease or covered under a Diagnostic Related Group where no charges are made to the Covered Person for treatment of Cancer or Dread Disease. This benefit will be paid in lieu of most benefits listed on the schedule.

Extended Care Facility Benefit Pays a daily benefit for physician authorized confinement that begins within 14 days after a Hospital confinement.

Home Health Care Benefit Pays a daily benefit for physician authorized private nursing care that begins within 14 days of a hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services, or physical or speech therapy.

Plan Benefit Highlights (cont.)

Hospice Care Benefit Pays a daily benefit when a physician determines terminal illness with life expectancy of 6 months or less and approves hospice care at home or in a hospice facility. This benefit does not include well baby care, volunteer services, meals, housekeeping services, or family support after the death.

Inpatient Special Nursing Services Benefit Pays a daily benefit when receiving physician authorized special nursing care (other than that regularly furnished by a Hospital) of at least 8 consecutive hours during a 24 hour period.

Dread Disease Benefit Covered Dread Diseases are: Addison's Disease; Amyotrophic Lateral Sclerosis; Cystic Fibrosis; Diphtheria; Encephalitis; Grand Mal Epilepsy; Legionnaire's Disease; Meningitis; Multiple Sclerosis; Muscular Dystrophy; Myasthenia Gravis; Niemann-Pick Disease; Osteomyelitis; Poliomyelitis; Reye's Syndrome; Rheumatic Fever; Rocky Mountain Spotted Fever; Sickle Cell Anemia; Systemic Lupus Erythematosus; Tay-Sach's Disease; Tetanus; Toxic Epidermal; Toxic Shock Syndrome; Tuberculosis; Tularemia; Typhoid Fever; Whipple's Disease.

Donor Benefit Blood donor expenses are not covered.

Drugs and Medicine Benefit Pays a benefit for anti-nausea and pain medication for treatment of Cancer. It does not include associated administrative processes or drugs or medicines covered under the Radiation Therapy, Chemotherapy or Immunotherapy Benefit or the Hormone Therapy Benefit.

Transportation and Lodging Benefits Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient lodging for Radiation Therapy, Chemotherapy, or Immunotherapy treatment, Bone Marrow or Stem Cell Transplant, or surgery in a Hospital not available locally and at least 50 miles from the Covered Person's residence. Payable for the Covered Person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the Covered Person.

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

Waiver of Premium Premium waived if you are disabled due to Cancer for longer than 90 continuous days. This benefit does not apply if your spouse or children become disabled.

Physical or Speech Therapy Benefit Therapy must be provided by a caregiver licensed in physical or speech therapy.

Diagnostic and Prevention Benefit Pays for a generally medically recognized screening test to detect Internal Cancer. This benefit is not payable for any test covered under the Medical Imaging Benefit.

Cancer Screening Follow Up Benefit Payable for one follow-up invasive screening test when a Covered Person receives abnormal results from a covered screening test. For tests involving an incision or surgery, payable only for tests that result in a negative diagnosis of Cancer.

Internal Cancer Diagnosis Benefit Payable if a physician diagnoses the Covered Person with Internal Cancer after coverage is in force for that person.

Heart Attack or Stroke Diagnosis Benefit Payable if a physician diagnoses the Covered Person as having a Heart Attack or Stroke after coverage is in force for that person. This benefit is payable only for the first to occur of either the Heart Attack or Stroke.

Pre-existing condition Means a Specified Disease for which the Covered Person: (a) had treatment; or (b) received advice from a Physician, during the 12-month period immediately before the Covered Person's Effective Date of coverage.

Pre-existing condition limitation No benefit will be payable for any loss which is caused by or resulting from a Pre-Existing Condition which occurs before a Covered Person has been continuously covered under the Policy for 12 consecutive months. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered. Increases or changes in coverage will be subject to an additional Pre-Existing Condition Limitation.

Hospital intensive care unit benefit limitations No benefits will be payable during the first 2 years of coverage for confinement caused by any heart condition that was diagnosed or treated prior to 30 days following the Effective Date of coverage. (The heart condition causing confinement need not be the same condition diagnosed or treated prior to the Effective Date).

Exclusions We will not pay benefits resulting from or caused by:

- (a) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
- (b) alcoholism or drug addiction;
- (c) war or acts of war, declared or undeclared, while serving in the military or an auxiliary unit thereto;
- (d) military service for any country at war;
- (e) participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or
- (f) participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.)

Benefits are also not payable for services performed by a Physician who is related to the Covered Person.

Termination of Insurance 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, your employment terminates, or you die. Your dependent's coverage will end if your coverage ends, premiums are not paid, they no longer meet the definition of a dependent or the policy is modified to exclude dependents. Your coverage can be terminated or premiums may be increased on any premium due date with 60 days advance written notice.

Marketed by:



American Fidelity Assurance Company
9000 Cameron Parkway, Oklahoma City, Oklahoma 73114
800-662-1113 • americanfidelity.com

This product may contain limitations, exclusions, and waiting periods. This brochure highlights important features of the policy. Please refer to your certificate for complete details. If you reside in a state other than your employers state domicile, where required by law, policy provisions and benefits may vary. This product is inappropriate for people who are eligible for Medicaid coverage.



Long-Term Disability Income Insurance Core Plans



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

Long-Term Disability Income Insurance

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 15th day of Disability due to a covered Injury or Sickness.
- Plan II** - On the 31st day of Disability due to a covered Injury or Sickness.
- Plan III** - On the 61st day of Disability due to a covered Injury or Sickness.
- Plan IV** - On the 91st day of Disability due to a covered Injury or Sickness.
- Plan V** - 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 occurred 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.

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.

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.
- Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 30 (Plans I and II), 60 (Plan III), 90 (Plan IV), and 150 (Plan V) 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 \$100.00.

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.

- **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.



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.

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 1 year. 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

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

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

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.
- Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation.

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

Your coverage may be 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.

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 60% of your Monthly Compensation.

Monthly Salary	Monthly Disability Benefit	Monthly Premiums				
		Plan I (15th)	Plan II (31st)	Plan III (61st)	Plan IV (91st)	Plan V (151st)
\$334.00 - \$499.99	\$200.00	\$5.44	\$4.00	\$3.40	\$2.92	\$2.04
\$500.00 - \$666.99	\$300.00	\$8.16	\$6.00	\$5.10	\$4.38	\$3.06
\$667.00 - \$833.99	\$400.00	\$10.88	\$8.00	\$6.80	\$5.84	\$4.08
\$834.00 - \$999.99	\$500.00	\$13.60	\$10.00	\$8.50	\$7.30	\$5.10
\$1,000.00 - \$1,166.99	\$600.00	\$16.32	\$12.00	\$10.20	\$8.76	\$6.12
\$1,167.00 - \$1,333.99	\$700.00	\$19.04	\$14.00	\$11.90	\$10.22	\$7.14
\$1,334.00 - \$1,499.99	\$800.00	\$21.76	\$16.00	\$13.60	\$11.68	\$8.16
\$1,500.00 - \$1,666.99	\$900.00	\$24.48	\$18.00	\$15.30	\$13.14	\$9.18
\$1,667.00 - \$1,833.99	\$1,000.00	\$27.20	\$20.00	\$17.00	\$14.60	\$10.20
\$1,834.00 - \$1,999.99	\$1,100.00	\$29.92	\$22.00	\$18.70	\$16.06	\$11.22
\$2,000.00 - \$2,166.99	\$1,200.00	\$32.64	\$24.00	\$20.40	\$17.52	\$12.24
\$2,167.00 - \$2,333.99	\$1,300.00	\$35.36	\$26.00	\$22.10	\$18.98	\$13.26
\$2,334.00 - \$2,499.99	\$1,400.00	\$38.08	\$28.00	\$23.80	\$20.44	\$14.28
\$2,500.00 - \$2,666.99	\$1,500.00	\$40.80	\$30.00	\$25.50	\$21.90	\$15.30
\$2,667.00 - \$2,833.99	\$1,600.00	\$43.52	\$32.00	\$27.20	\$23.36	\$16.32
\$2,834.00 - \$2,999.99	\$1,700.00	\$46.24	\$34.00	\$28.90	\$24.82	\$17.34
\$3,000.00 - \$3,166.99	\$1,800.00	\$48.96	\$36.00	\$30.60	\$26.28	\$18.36
\$3,167.00 - \$3,333.99	\$1,900.00	\$51.68	\$38.00	\$32.30	\$27.74	\$19.38
\$3,334.00 - \$3,499.99	\$2,000.00	\$54.40	\$40.00	\$34.00	\$29.20	\$20.40
\$3,500.00 - \$3,666.99	\$2,100.00	\$57.12	\$42.00	\$35.70	\$30.66	\$21.42
\$3,667.00 - \$3,833.99	\$2,200.00	\$59.84	\$44.00	\$37.40	\$32.12	\$22.44
\$3,834.00 - \$3,999.99	\$2,300.00	\$62.56	\$46.00	\$39.10	\$33.58	\$23.46
\$4,000.00 - \$4,166.99	\$2,400.00	\$65.28	\$48.00	\$40.80	\$35.04	\$24.48
\$4,167.00 - \$4,333.99	\$2,500.00	\$68.00	\$50.00	\$42.50	\$36.50	\$25.50
\$4,334.00 - \$4,499.99	\$2,600.00	\$70.72	\$52.00	\$44.20	\$37.96	\$26.52
\$4,500.00 - \$4,666.99	\$2,700.00	\$73.44	\$54.00	\$45.90	\$39.42	\$27.54
\$4,667.00 - \$4,833.99	\$2,800.00	\$76.16	\$56.00	\$47.60	\$40.88	\$28.56
\$4,834.00 - \$4,999.99	\$2,900.00	\$78.88	\$58.00	\$49.30	\$42.34	\$29.58
\$5,000.00 - \$5,166.99	\$3,000.00	\$81.60	\$60.00	\$51.00	\$43.80	\$30.60
\$5,167.00 - \$5,333.99	\$3,100.00	\$84.32	\$62.00	\$52.70	\$45.26	\$31.62
\$5,334.00 - \$5,499.99	\$3,200.00	\$87.04	\$64.00	\$54.40	\$46.72	\$32.64
\$5,500.00 - \$5,666.99	\$3,300.00	\$89.76	\$66.00	\$56.10	\$48.18	\$33.66
\$5,667.00 - \$5,833.99	\$3,400.00	\$92.48	\$68.00	\$57.80	\$49.64	\$34.68
\$5,834.00 - \$5,999.99	\$3,500.00	\$95.20	\$70.00	\$59.50	\$51.10	\$35.70
\$6,000.00 - \$6,166.99	\$3,600.00	\$97.92	\$72.00	\$61.20	\$52.56	\$36.72
\$6,167.00 - \$6,333.99	\$3,700.00	\$100.64	\$74.00	\$62.90	\$54.02	\$37.74
\$6,334.00 - \$6,499.99	\$3,800.00	\$103.36	\$76.00	\$64.60	\$55.48	\$38.76

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 60% of your Monthly Compensation.

Monthly Salary	Monthly Disability Benefit	Monthly Premiums				
		Plan I (15th)	Plan II (31st)	Plan III (61st)	Plan IV (91st)	Plan V (151st)
\$6,500.00 - \$6,666.99	\$3,900.00	\$106.08	\$78.00	\$66.30	\$56.94	\$39.78
\$6,667.00 - \$6,833.99	\$4,000.00	\$108.80	\$80.00	\$68.00	\$58.40	\$40.80
\$6,834.00 - \$6,999.99	\$4,100.00	\$111.52	\$82.00	\$69.70	\$59.86	\$41.82
\$7,000.00 - \$7,166.99	\$4,200.00	\$114.24	\$84.00	\$71.40	\$61.32	\$42.84
\$7,167.00 - \$7,333.99	\$4,300.00	\$116.96	\$86.00	\$73.10	\$62.78	\$43.86
\$7,334.00 - \$7,499.99	\$4,400.00	\$119.68	\$88.00	\$74.80	\$64.24	\$44.88
\$7,500.00 - \$7,666.99	\$4,500.00	\$122.40	\$90.00	\$76.50	\$65.70	\$45.90
\$7,667.00 - \$7,833.99	\$4,600.00	\$125.12	\$92.00	\$78.20	\$67.16	\$46.92
\$7,834.00 - \$7,999.99	\$4,700.00	\$127.84	\$94.00	\$79.90	\$68.62	\$47.94
\$8,000.00 - \$8,166.99	\$4,800.00	\$130.56	\$96.00	\$81.60	\$70.08	\$48.96
\$8,167.00 - \$8,333.99	\$4,900.00	\$133.28	\$98.00	\$83.30	\$71.54	\$49.98
\$8,334.00 - \$8,499.99	\$5,000.00	\$136.00	\$100.00	\$85.00	\$73.00	\$51.00
\$8,500.00 - \$8,666.99	\$5,100.00	\$138.72	\$102.00	\$86.70	\$74.46	\$52.02
\$8,667.00 - \$8,833.99	\$5,200.00	\$141.44	\$104.00	\$88.40	\$75.92	\$53.04
\$8,834.00 - \$8,999.99	\$5,300.00	\$144.16	\$106.00	\$90.10	\$77.38	\$54.06
\$9,000.00 - \$9,166.99	\$5,400.00	\$146.88	\$108.00	\$91.80	\$78.84	\$55.08
\$9,167.00 - \$9,333.99	\$5,500.00	\$149.60	\$110.00	\$93.50	\$80.30	\$56.10
\$9,334.00 - \$9,499.99	\$5,600.00	\$152.32	\$112.00	\$95.20	\$81.76	\$57.12
\$9,500.00 - \$9,666.99	\$5,700.00	\$155.04	\$114.00	\$96.90	\$83.22	\$58.14
\$9,667.00 - \$9,833.99	\$5,800.00	\$157.76	\$116.00	\$98.60	\$84.68	\$59.16
\$9,834.00 - \$9,999.99	\$5,900.00	\$160.48	\$118.00	\$100.30	\$86.14	\$60.18
\$10,000.00 - \$10,166.99	\$6,000.00	\$163.20	\$120.00	\$102.00	\$87.60	\$61.20
\$10,167.00 - \$10,332.99	\$6,100.00	\$165.92	\$122.00	\$103.70	\$89.06	\$62.22
\$10,333.00 - \$10,499.99	\$6,200.00	\$168.64	\$124.00	\$105.40	\$90.52	\$63.24
\$10,500.00 - \$10,666.99	\$6,300.00	\$171.36	\$126.00	\$107.10	\$91.98	\$64.26
\$10,667.00 - \$10,832.99	\$6,400.00	\$174.08	\$128.00	\$108.80	\$93.44	\$65.28
\$10,833.00 - \$10,999.99	\$6,500.00	\$176.80	\$130.00	\$110.50	\$94.90	\$66.30
\$11,000.00 - \$11,166.99	\$6,600.00	\$179.52	\$132.00	\$112.20	\$96.36	\$67.32
\$11,167.00 - \$11,332.99	\$6,700.00	\$182.24	\$134.00	\$113.90	\$97.82	\$68.34
\$11,333.00 - \$11,499.99	\$6,800.00	\$184.96	\$136.00	\$115.60	\$99.28	\$69.36
\$11,500.00 - \$11,666.99	\$6,900.00	\$187.68	\$138.00	\$117.30	\$100.74	\$70.38
\$11,667.00 - \$11,832.99	\$7,000.00	\$190.40	\$140.00	\$119.00	\$102.20	\$71.40
\$11,833.00 - \$11,999.99	\$7,100.00	\$193.12	\$142.00	\$120.70	\$103.66	\$72.42
\$12,000.00 - \$12,166.99	\$7,200.00	\$195.84	\$144.00	\$122.40	\$105.12	\$73.44
\$12,167.00 - \$12,332.99	\$7,300.00	\$198.56	\$146.00	\$124.10	\$106.58	\$74.46
\$12,333.00 - \$12,499.99	\$7,400.00	\$201.28	\$148.00	\$125.80	\$108.04	\$75.48
\$12,500.00 - And Over	\$7,500.00	\$204.00	\$150.00	\$127.50	\$109.50	\$76.50

Benefit Riders and Limitations

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	Monthly Premium
\$100.00	\$6.00
\$150.00	\$9.00

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	Monthly Premium
\$500.00	up to \$10,000.00	\$4.00
\$1,000.00	\$10,001.00 - \$20,000.00	\$8.00
\$1,500.00	\$20,001.00 - \$30,000.00	\$12.00
\$2,000.00	\$30,001.00 and over.	\$16.00

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	Monthly Premium
\$300.00	\$4.50
\$600.00	\$9.00

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	Monthly Premium
\$2,000.00	\$6.80

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	Monthly Premium
\$10,000.00	\$9.80
\$15,000.00	\$13.18
\$20,000.00	\$16.56
\$25,000.00	\$19.94

Benefit Rider Limitations and Exclusions

Hospital Indemnity Limited Benefit Rider

The Hospital Confinement Benefit will not be payable for an Injury or Sickness incurred in the first 12 months of coverage if the Injury or Sickness is caused by or resulting from a Pre-Existing Condition as defined in the Policy. In addition to the Exclusions listed in the Policy, no benefits will be payable under this Rider for any Hospital Confinement that is caused by or resulting from Mental Illness or Drug or Alcohol Abuse. Benefits are reduced by 50% at age 70. Successive Hospital stays will be considered as one confinement if they are separated by less than 90 days of confinement to a 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 as an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

Critical Illness Benefit Rider

The Critical Illness Rider will not be payable for any loss caused by or resulting from: (a) a Critical Illness when the Date of Diagnosis occurs during the Waiting Period; (b) a Critical Illness diagnosed outside of the United States; or (c) a Sickness or Injury not specifically defined in this Rider.

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness Date of Diagnosis occurs before you have been continuously covered under this Rider for 12 consecutive months. Following 12 consecutive months this exclusion does not apply.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advise from a Physician, during the 12-month period immediately before the Effective Date of this Rider. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness. Benefits reduce by 50% at age 70. No benefits will be paid for a Critical Illness when the Date of Diagnosis occurs during the Critical Illness Waiting Period. The waiting period is 30 days from the Effective Date of this Rider.

COBRA Funding Benefit Rider

Proof of election of medical COBRA continuation must be provided to American Fidelity. Proof of continued medical COBRA participation will be required before benefits are paid under this Rider. Your employment must have terminated for the benefit to be payable.

Spousal Accident Only Disability Benefit Rider

This Rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: (a) Intentionally self-inflicted Injury while sane or insane; (b) An act of war, declared or undeclared; (c) Injury sustained or contracted while in the service of the armed forces of any country; (d) Committing a felony; (e) Penal incarceration. American Fidelity will not pay benefits during any period

for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; (f) Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this Policy for any period during which your Spouse is entitled to Workers' Compensation benefits; (g) Participation in any sport for wage or profit; (h) Participation in any contest of speed in a power driven vehicle for wage or profit.

Spouse means the person you are lawfully married to who is less than age 70. No benefits are payable for your Spouse under this Rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a Physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from spousal abuse.

Survivor Benefit Rider

The Policy does not cover any loss, fatal or non-fatal, which results 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. American Fidelity will not pay benefits for Disability or any other loss for any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer; or Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation. No Disability Payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Your coverage with respect to the riders listed above will end on the earliest of these dates: the end of the last period for which premium has been paid; the date you notify us in writing to terminate coverage; the date the rider is discontinued; the date the policy is discontinued; or the date your employment terminates.

Availability of riders may vary by state, employer and short-term coverage with a benefit period of less than 12 months. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed. Riders have limitations, exclusions, and waiting periods. Refer to your policy for complete details. These Riders will terminate on the same date as the Policy or Certificate to which it is attached.



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Waco ISD
Enhanced Plus Plans

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of America**
First in Service and Expertise

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

Long-Term Disability Income Insurance

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 occurred 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.

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.

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			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	\$9.88	\$7.04	\$5.64	\$4.40	\$3.68	\$2.76
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$14.82	\$10.56	\$8.46	\$6.60	\$5.52	\$4.14
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$19.76	\$14.08	\$11.28	\$8.80	\$7.36	\$5.52
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$24.70	\$17.60	\$14.10	\$11.00	\$9.20	\$6.90
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$29.64	\$21.12	\$16.92	\$13.20	\$11.04	\$8.28
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$34.58	\$24.64	\$19.74	\$15.40	\$12.88	\$9.66
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$39.52	\$28.16	\$22.56	\$17.60	\$14.72	\$11.04
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$44.46	\$31.68	\$25.38	\$19.80	\$16.56	\$12.42
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$49.40	\$35.20	\$28.20	\$22.00	\$18.40	\$13.80
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$54.34	\$38.72	\$31.02	\$24.20	\$20.24	\$15.18
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$59.28	\$42.24	\$33.84	\$26.40	\$22.08	\$16.56
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$64.22	\$45.76	\$36.66	\$28.60	\$23.92	\$17.94
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$69.16	\$49.28	\$39.48	\$30.80	\$25.76	\$19.32
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$74.10	\$52.80	\$42.30	\$33.00	\$27.60	\$20.70
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$79.04	\$56.32	\$45.12	\$35.20	\$29.44	\$22.08
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$83.98	\$59.84	\$47.94	\$37.40	\$31.28	\$23.46
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$88.92	\$63.36	\$50.76	\$39.60	\$33.12	\$24.84
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$93.86	\$66.88	\$53.58	\$41.80	\$34.96	\$26.22
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$98.80	\$70.40	\$56.40	\$44.00	\$36.80	\$27.60
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$103.74	\$73.92	\$59.22	\$46.20	\$38.64	\$28.98
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$108.68	\$77.44	\$62.04	\$48.40	\$40.48	\$30.36
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$113.62	\$80.96	\$64.86	\$50.60	\$42.32	\$31.74
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$118.56	\$84.48	\$67.68	\$52.80	\$44.16	\$33.12
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$123.50	\$88.00	\$70.50	\$55.00	\$46.00	\$34.50
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$128.44	\$91.52	\$73.32	\$57.20	\$47.84	\$35.88
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$133.38	\$95.04	\$76.14	\$59.40	\$49.68	\$37.26
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$138.32	\$98.56	\$78.96	\$61.60	\$51.52	\$38.64
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$143.26	\$102.08	\$81.78	\$63.80	\$53.36	\$40.02
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$148.20	\$105.60	\$84.60	\$66.00	\$55.20	\$41.40
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$153.14	\$109.12	\$87.42	\$68.20	\$57.04	\$42.78
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$158.08	\$112.64	\$90.24	\$70.40	\$58.88	\$44.16
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$163.02	\$116.16	\$93.06	\$72.60	\$60.72	\$45.54
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$167.96	\$119.68	\$95.88	\$74.80	\$62.56	\$46.92
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$172.90	\$123.20	\$98.70	\$77.00	\$64.40	\$48.30
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$177.84	\$126.72	\$101.52	\$79.20	\$66.24	\$49.68
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$182.78	\$130.24	\$104.34	\$81.40	\$68.08	\$51.06
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$187.72	\$133.76	\$107.16	\$83.60	\$69.92	\$52.44

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.

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			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	\$192.66	\$137.28	\$109.98	\$85.80	\$71.76	\$53.82
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$197.60	\$140.80	\$112.80	\$88.00	\$73.60	\$55.20
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$202.54	\$144.32	\$115.62	\$90.20	\$75.44	\$56.58
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$207.48	\$147.84	\$118.44	\$92.40	\$77.28	\$57.96
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$212.42	\$151.36	\$121.26	\$94.60	\$79.12	\$59.34
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$217.36	\$154.88	\$124.08	\$96.80	\$80.96	\$60.72
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$222.30	\$158.40	\$126.90	\$99.00	\$82.80	\$62.10
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$227.24	\$161.92	\$129.72	\$101.20	\$84.64	\$63.48
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$232.18	\$165.44	\$132.54	\$103.40	\$86.48	\$64.86
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$237.12	\$168.96	\$135.36	\$105.60	\$88.32	\$66.24
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$242.06	\$172.48	\$138.18	\$107.80	\$90.16	\$67.62
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$247.00	\$176.00	\$141.00	\$110.00	\$92.00	\$69.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$251.94	\$179.52	\$143.82	\$112.20	\$93.84	\$70.38
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$256.88	\$183.04	\$146.64	\$114.40	\$95.68	\$71.76
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$261.82	\$186.56	\$149.46	\$116.60	\$97.52	\$73.14
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$266.76	\$190.08	\$152.28	\$118.80	\$99.36	\$74.52
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$271.70	\$193.60	\$155.10	\$121.00	\$101.20	\$75.90
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$276.64	\$197.12	\$157.92	\$123.20	\$103.04	\$77.28
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$281.58	\$200.64	\$160.74	\$125.40	\$104.88	\$78.66
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$286.52	\$204.16	\$163.56	\$127.60	\$106.72	\$80.04
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$291.46	\$207.68	\$166.38	\$129.80	\$108.56	\$81.42
\$8,572.00 - \$8,713.99	\$6,000.00	\$20,000.00	\$296.40	\$211.20	\$169.20	\$132.00	\$110.40	\$82.80
\$8,714.00 - \$8,856.99	\$6,100.00	\$20,000.00	\$301.34	\$214.72	\$172.02	\$134.20	\$112.24	\$84.18
\$8,857.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$306.28	\$218.24	\$174.84	\$136.40	\$114.08	\$85.56
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$311.22	\$221.76	\$177.66	\$138.60	\$115.92	\$86.94
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$316.16	\$225.28	\$180.48	\$140.80	\$117.76	\$88.32
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$321.10	\$228.80	\$183.30	\$143.00	\$119.60	\$89.70
\$9,429.00 - \$9,570.99	\$6,600.00	\$20,000.00	\$326.04	\$232.32	\$186.12	\$145.20	\$121.44	\$91.08
\$9,571.00 - \$9,713.99	\$6,700.00	\$20,000.00	\$330.98	\$235.84	\$188.94	\$147.40	\$123.28	\$92.46
\$9,714.00 - \$9,856.99	\$6,800.00	\$20,000.00	\$335.92	\$239.36	\$191.76	\$149.60	\$125.12	\$93.84
\$9,857.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$340.86	\$242.88	\$194.58	\$151.80	\$126.96	\$95.22
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$345.80	\$246.40	\$197.40	\$154.00	\$128.80	\$96.60
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$350.74	\$249.92	\$200.22	\$156.20	\$130.64	\$97.98
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$355.68	\$253.44	\$203.04	\$158.40	\$132.48	\$99.36
\$10,429.00 - \$10,570.99	\$7,300.00	\$20,000.00	\$360.62	\$256.96	\$205.86	\$160.60	\$134.32	\$100.74
\$10,571.00 - \$10,713.99	\$7,400.00	\$20,000.00	\$365.56	\$260.48	\$208.68	\$162.80	\$136.16	\$102.12
\$10,714.00 - And Over	\$7,500.00	\$20,000.00	\$370.50	\$264.00	\$211.50	\$165.00	\$138.00	\$103.50

Benefit Riders and Limitations

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	Monthly Premium
\$100.00	\$6.00
\$150.00	\$9.00

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	Monthly Premium
\$500.00	up to \$10,000.00	\$4.00
\$1,000.00	\$10,001.00 - \$20,000.00	\$8.00
\$1,500.00	\$20,001.00 - \$30,000.00	\$12.00
\$2,000.00	\$30,001.00 and over.	\$16.00

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	Monthly Premium
\$300.00	\$4.50
\$600.00	\$9.00

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	Monthly Premium
\$2,000.00	\$6.80

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	Monthly Premium
\$10,000.00	\$9.80
\$15,000.00	\$13.18
\$20,000.00	\$16.56
\$25,000.00	\$19.94

Benefit Rider Limitations and Exclusions

Hospital Indemnity Limited Benefit Rider

The Hospital Confinement Benefit will not be payable for an Injury or Sickness incurred in the first 12 months of coverage if the Injury or Sickness is caused by or resulting from a Pre-Existing Condition as defined in the Policy. In addition to the Exclusions listed in the Policy, no benefits will be payable under this Rider for any Hospital Confinement that is caused by or resulting from Mental Illness or Drug or Alcohol Abuse. Benefits are reduced by 50% at age 70. Successive Hospital stays will be considered as one confinement if they are separated by less than 90 days of confinement to a 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 as an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.

Critical Illness Benefit Rider

The Critical Illness Rider will not be payable for any loss caused by or resulting from: (a) a Critical Illness when the Date of Diagnosis occurs during the Waiting Period; (b) a Critical Illness diagnosed outside of the United States; or (c) a Sickness or Injury not specifically defined in this Rider.

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness Date of Diagnosis occurs before you have been continuously covered under this Rider for 12 consecutive months. Following 12 consecutive months this exclusion does not apply.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advise from a Physician, during the 12-month period immediately before the Effective Date of this Rider. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness. Benefits reduce by 50% at age 70. No benefits will be paid for a Critical Illness when the Date of Diagnosis occurs during the Critical Illness Waiting Period. The waiting period is 30 days from the Effective Date of this Rider.

COBRA Funding Benefit Rider

Proof of election of medical COBRA continuation must be provided to American Fidelity. Proof of continued medical COBRA participation will be required before benefits are paid under this Rider. Your employment must have terminated for the benefit to be payable.

Spousal Accident Only Disability Benefit Rider

This Rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: (a) Intentionally self-inflicted Injury while sane or insane; (b) An act of war, declared or undeclared; (c) Injury sustained or contracted while in the service of the armed forces of any country; (d) Committing a felony; (e) Penal incarceration. American Fidelity will not pay benefits during any period

for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; (f) Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this Policy for any period during which your Spouse is entitled to Workers' Compensation benefits; (g) Participation in any sport for wage or profit; (h) Participation in any contest of speed in a power driven vehicle for wage or profit.

Spouse means the person you are lawfully married to who is less than age 70. No benefits are payable for your Spouse under this Rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a Physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from spousal abuse.

Survivor Benefit Rider

The Policy does not cover any loss, fatal or non-fatal, which results 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. American Fidelity will not pay benefits for Disability or any other loss for any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer; or Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation. No Disability Payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Your coverage with respect to the riders listed above will end on the earliest of these dates: the end of the last period for which premium has been paid; the date you notify us in writing to terminate coverage; the date the rider is discontinued; the date the policy is discontinued; or the date your employment terminates.

Availability of riders may vary by state, employer and short-term coverage with a benefit period of less than 12 months. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed. Riders have limitations, exclusions, and waiting periods. Refer to your policy for complete details. These Riders will terminate on the same date as the Policy or Certificate to which it is attached.



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First in Service and Expertise



**GROUP BENEFIT PROGRAM SUMMARY
For WACO ISD / TEEBC TRUST F021842 - 337**

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

EMPLOYER PAID BASIC GROUP TERM LIFE/AD&D – Class 2 Effective January 1, 2020.

Eligibility	All Eligible Active Full Time Employees excluding Superintendent who regularly work 20 hours per week are eligible for insurance on the first of the month following their date of hire.
Group Term Life/AD&D Benefit:	\$15,000
Guarantee Issue Amount – Employee	\$15,000
Age Reduction Schedule	Life and AD&D benefits reduce by 35% of the original amount at age 65, 55% of the original amount at age 70, 70% of the original amount at age 75 and 80% of the original amount at age 80. Benefits terminate at retirement.
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Definition of Disability	Diagnosed by a doctor to be completely unable, because of sickness or injury to engage in any occupation for wage or profit or any occupation for which they become qualified by education, training or experience.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Conversion Privilege	Included.
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet.

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

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



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

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

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

* Loss must occur within 365 days of the accident.

AD&D Product Features Included:

- Seatbelt and Airbag Benefits
- Repatriation Benefit
- Education Benefit

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

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

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

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BENEFIT PROGRAM SUMMARY
For WACO ISD / TEEBC TRUST F021842 - 337

SUPPLEMENTAL GROUP TERM LIFE/AD&D - Class 2 Effective January 1, 2020

Eligibility	All Eligible Active Full Time Employees excluding Superintendent who regularly work 20 hours per week are eligible for insurance on the first of the month following their date of hire.
Group Term Life/AD&D Benefit: Employee	\$10,000 - \$100,000, in increments of \$10,000.
Guarantee Issue Amount – Employee	\$100,000
Group Term Life Benefit: Spouse/Child(ren) (Includes Domestic Partners)	Option 1 – Spouse - \$ 5,000 Child - \$2,000 Option 2 – Spouse - \$10,000 Child - \$5,000 Option 3 – Spouse - \$15,000 Child - \$5,000 Option 4 – Spouse - \$20,000 Child - \$5,000 Option 5 – Spouse - \$25,000 Child - \$5,000 Dependent coverage cannot exceed 50% of the employee amount. Coverage on Child(ren) 6 months to age 26.
Guarantee Issue Amount – Spouse	\$10,000
Age Reduction Schedule	Employee Basic and Supplemental Group Term Life and AD&D benefits reduce by 35% of the original amount at age 65, 55% of the original amount at age 70, 70% of the original amount at age 75 and 80% of the original amount at age 80. Benefits terminate at retirement. Spouse Supplemental Group Term Life benefits terminate upon the Employee's attainment of age 70.
Employee Contribution	100%
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Portability Feature (Life coverage)	Included. (Employee)
Conversion Privilege (Life coverage)	Included.
Exclusions	One-year suicide exclusion applies to Supplemental Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.

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

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WACO ISD / TEEBC TRUST F021842 - 337 Class 2

Eligibility

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

New Hire Guarantee Issue:	
Employee:	\$100,000
Spouse:	\$10,000
Child:	\$5,000

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

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

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	\$0.57		1	\$0.25	
\$20,000	\$1.13		2	\$0.53	
\$30,000	\$1.70		3	\$0.63	
\$40,000	\$2.26		4	\$0.73	
\$50,000	\$2.83		5	\$0.83	
\$60,000	\$3.39				
\$70,000	\$3.96				
\$80,000	\$4.52				
\$90,000	\$5.09				
\$100,000	\$5.65				

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
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

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".

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18
 Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									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	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
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

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".

Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18
 Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
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	7.13	8.13	9.13	10.13	11.13	75
21-22				6.25	7.28	8.30	9.33	10.35	11.38	74
23				6.38	7.43	8.48	9.53	10.58	11.63	75
24-25				6.50	7.58	8.65	9.73	10.80	11.88	74
26				6.75	7.88	9.00	10.13	11.25	12.38	75
27-28				6.88	8.03	9.18	10.33	11.48	12.63	74
29				7.00	8.18	9.35	10.53	11.70	12.88	74
30-31				7.13	8.33	9.53	10.73	11.93	13.13	73
32				7.50	8.78	10.05	11.33	12.60	13.88	74
33				7.75	9.08	10.40	11.73	13.05	14.38	74
34				8.13	9.53	10.93	12.33	13.73	15.13	75
35		5.63	7.13	8.63	10.13	11.63	13.13	14.63	16.13	76
36		5.78	7.33	8.88	10.43	11.98	13.53	15.08	16.63	76
37		6.00	7.63	9.25	10.88	12.50	14.13	15.75	17.38	77
38		6.23	7.93	9.63	11.33	13.03	14.73	16.43	18.13	77
39		6.60	8.43	10.25	12.08	13.90	15.73	17.55	19.38	78
40	5.03	6.98	8.93	10.88	12.83	14.78	16.73	18.68	20.63	79
41	5.38	7.50	9.63	11.75	13.88	16.00	18.13	20.25	22.38	80
42	5.78	8.10	10.43	12.75	15.08	17.40	19.73	22.05	24.38	81
43	6.13	8.63	11.13	13.63	16.13	18.63	21.13	23.63	26.13	82
44	6.48	9.15	11.83	14.50	17.18	19.85	22.53	25.20	27.88	83
45	6.83	9.68	12.53	15.38	18.23	21.08	23.93	26.78	29.63	83
46	7.23	10.28	13.33	16.38	19.43	22.48	25.53	28.58	31.63	84
47	7.58	10.80	14.03	17.25	20.48	23.70	26.93	30.15	33.38	84
48	7.93	11.33	14.73	18.13	21.53	24.93	28.33	31.73	35.13	85
49	8.38	12.00	15.63	19.25	22.88	26.50	30.13	33.75	37.38	85
50	8.88	12.75	16.63	20.50						86
51	9.48	13.65	17.83	22.00						87
52	10.13	14.63	19.13	23.63						88
53	10.63	15.38	20.13	24.88						88
54	11.13	16.13	21.13	26.13						88
55	11.68	16.95	22.23	27.50						89
56	12.18	17.70	23.23	28.75						89
57	12.78	18.60	24.43	30.25						89
58	13.33	19.43	25.53	31.63						89
59	13.93	20.33	26.73	33.13						89
60	14.28	20.85	27.43	34.00						90
61										90
62										90
63										90
64										90
65										90
66										90
67										91
68										91
69										91
70										91

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".

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20				8.63	10.13	11.63	13.13	14.63	16.13	71
21-22				9.00	10.58	12.15	13.73	15.30	16.88	71
23				9.38	11.03	12.68	14.33	15.98	17.63	72
24-25				9.63	11.33	13.03	14.73	16.43	18.13	71
26				9.88	11.63	13.38	15.13	16.88	18.63	72
27-28				10.13	11.93	13.73	15.53	17.33	19.13	71
29				10.25	12.08	13.90	15.73	17.55	19.38	71
30-31				11.50	13.58	15.65	17.73	19.80	21.88	72
32				11.88	14.03	16.18	18.33	20.48	22.63	72
33				12.00	14.18	16.35	18.53	20.70	22.88	72
34				12.13	14.33	16.53	18.73	20.93	23.13	71
35		8.25	10.63	13.00	15.38	17.75	20.13	22.50	24.88	72
36		8.48	10.93	13.38	15.83	18.28	20.73	23.18	25.63	72
37		9.00	11.63	14.25	16.88	19.50	22.13	24.75	27.38	73
38		9.23	11.93	14.63	17.33	20.03	22.73	25.43	28.13	73
39		9.83	12.73	15.63	18.53	21.43	24.33	27.23	30.13	74
40	7.48	10.65	13.83	17.00	20.18	23.35	26.53	29.70	32.88	76
41	7.93	11.33	14.73	18.43	21.53	24.93	28.33	31.73	35.13	77
42	8.48	12.15	15.83	19.50	23.18	26.85	30.53	34.20	37.88	78
43	9.18	13.20	17.23	21.25	25.28	29.30	33.33	37.35	41.38	80
44	9.53	13.73	17.93	22.13	26.33	30.53	34.73	38.93	43.13	80
45	10.03	14.48	18.93	23.38	27.83	32.28	36.73	41.18	45.63	81
46	10.43	15.08	19.73	24.38	29.03	33.68	38.33	42.98	47.63	81
47	10.93	15.83	20.73	25.63	30.53	35.43	40.33	45.23	50.13	82
48	11.38	16.50	21.63	26.75	31.88	37.00	42.13	47.25	52.38	82
49	12.03	17.48	22.93	28.38	33.83	39.28	44.73	50.18	55.63	83
50	12.58	18.30	24.03	29.75						83
51	13.13	19.13	25.13	31.13						83
52	13.93	20.33	26.73	33.13						84
53	14.63	21.38	28.13	34.88						85
54	15.28	22.35	29.43	36.50						85
55	15.98	23.40	30.83	38.25						85
56	16.78	24.60	32.43	40.25						85
57	17.58	25.80	34.03	42.25						86
58	18.43	27.08	35.73	44.38						86
59	19.28	28.35	37.43	46.50						86
60	19.78	29.10	38.43	47.75						86
61										86
62										87
63										87
64										87
65										87
66										88
67										88
68										88
69										88
70										89

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

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 online
- Feared the security of your medical information
- Been pursued by a collection agency

WHAT ARE LEGALSHIELD & iLOCK360?

LegalShield was founded in 1972, with the mission to make equal justice under law a reality for all North Americans. The 3.5 million individuals enrolled as LegalShield members throughout the United States and Canada can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs.

In 2012, TCG Services developed iLOCK360 in order to protect its clients and their employees from the growing threat of identity theft. Today, iLOCK360 helps educators, businesses, employees, and individuals Live Safely™, knowing their identities are monitored around the clock.

THE LEGALSHIELD MEMBERSHIP INCLUDES

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

THE iLOCK360 MEMBERSHIP INCLUDES

-  **CyberAlert Internet Surveillance**
Our exclusive technology scours the web 24/7/365 to identify trading or selling of your personal information online.
-  **Social Security Number Tracing**
Know if your SSN becomes associated with another individual's name or address.
-  **Credit Monitoring**
Find out your credit score, analyze your credit report, and monitor your identity for credit-related activity.
-  **Full Service Restoration**
An iLOCK360 Certified Identity Theft Restoration Specialist will work diligently on your behalf to restore all aspects of your identity.
-  **\$1 Million in Identity Theft Insurance**
You are insured with a one million dollar insurance policy to cover identity theft restoration expenses.

Semi-Monthly Payroll Deduction	Individual	Family
iLOCK360	\$4.48	\$9.48
LegalShield	\$9.48	\$9.48
Combined	\$13.95	\$16.95

Plan	CyberAlert SM	Credit Bureau Monitoring	SSN Trace	Court Records	Address Change	24/7 Support	\$1M Insurance
Plus	✓	✓	✓	✓	✓	✓	✓
Basic	✓						

All district employees receive free Basic coverage that includes only CyberAlertSM



Less stress

Aetna Hospital Indemnity Plan

Be prepared for what lies ahead

Maybe you're expecting to have a hospital stay — or maybe not. Either way, you can plan ahead to give yourself an extra financial cushion.

What is the Hospital Indemnity Plan?

The insurance plan pays benefits when you have a planned, or unplanned hospital stay for an illness, injury, surgery or having a baby. The plan pays a lump-sum benefit for admission and a daily benefit for a covered hospital stay. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that might come with a stay in the hospital.

The Aetna Hospital Indemnity Plan pays benefits directly to **you**, giving you extra cash when you need it most. It can help fill in the gaps, making it a great companion to your major medical plan.

The Aetna Hospital Indemnity Plan is underwritten by Aetna Life Insurance Company (Aetna).

[Aetna.com](https://www.aetna.com)

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How can you use the cash benefits?

It's completely up to you. You can use the money any way you want, like:

- Deductibles or copays
- Mortgage or rent
- Groceries or utility bills

...or for anything else you choose.

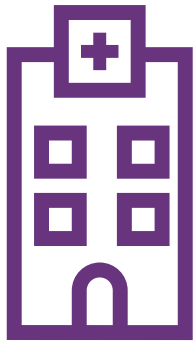
Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered stay in a hospital. And, benefits get paid directly to you by check or direct deposit.



Because it happens

More than 35 million Americans were hospitalized in 2016¹. The average hospital stay in the U.S. costs \$10,700².



Ready...or not

Carter* is a hard worker, so he doesn't always slow down to listen to his body. Before he knew it, a little cough turned into pneumonia — and a hospital stay.

Good thing he had the Aetna Hospital Indemnity Plan. He filed his claim and the benefits were deposited right into his bank account.

That money helped make up for the time he missed while recovering, and paid some of his deductible. Now, he can focus more on his health.

A Simplified Claims Experience™

Register on the **My Aetna Supplemental** app or on the member portal at **Myaetnasupplemental.com** to view plan documents, submit and track claims, and sign up for direct deposit.

Filing a claim is easy! Click "Report New Claim", answer a few quick questions, and upload or take a picture of your medical bill. You can also print and mail a paper claim form to Aetna Voluntary Plans.



¹American Hospital Association. Fast facts on U.S. hospitals, 2018. February 2018. Available at: aha.org/research/rc/stat-studies/fastfacts.shtml. Accessed April 25, 2018.

²Michaels M. The 35 most expensive reasons you might have to visit a hospital in the US — and how much it costs if you do. Business Insider. March 1, 2018. Available at:

businessinsider.com/most-expensive-health-conditions-hospitalcosts-2018-2. Accessed April 25, 2018.

*This is a fictional example of how the plan could work.

THIS PLAN DOES NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

The Aetna Hospital Indemnity Plan is a hospital confinement indemnity plan. This insurance plan provides limited benefits. It pays fixed dollar benefits for covered services without regard to the health care provider's actual charges. The benefits payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have. This material is for information only. Insurance plans contain exclusions and limitations. Not all health services are covered, and coverage is subject to applicable laws and regulations, including economic and trade sanctions. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features, rates, eligibility and availability may vary by location and are subject to change. For more information about Aetna plans, refer to

Aetna.com.

Policy forms issued in Missouri and Oklahoma include: GR-96172 01, AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01.

BENEFIT SUMMARY

Waco Independent School District
802828

Aetna Hospital Indemnity

Insurance plans are underwritten by Aetna Life Insurance Company.


Here's how the plan works:


You have an unexpected event and have to go to the hospital.





You are admitted into the hospital and spend two days there.




You submit your hospital claim to Aetna.




Aetna pays benefits directly to you.

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

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

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

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

Inpatient Stays

Covered Benefit	Low	High
<p>Hospital stay - Admission</p> <p>Provides a lump sum benefit for the initial day of your stay in a hospital.</p> <p><i>Maximum 1 stay per plan year</i></p>	\$1,000	\$1,500
<p>Hospital stay - Daily</p> <p>Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$150
<p>Hospital stay - (ICU) Daily</p> <p>Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital.</p> <p><i>Maximum 30 days per plan year</i></p>	\$200	\$300
<p>Newborn routine care</p> <p>Provides a lump-sum benefit after the birth of your newborn. This will not pay for an outpatient birth.</p>	\$100	\$200
<p>Observation unit</p> <p>Provides a lump sum benefit for the initial day of your stay in an observation unit as the result of an illness or accidental injury.</p> <p><i>Maximum 1 day per plan year</i></p>	\$100	\$200
<p>Substance abuse stay - Daily</p> <p>Pays a daily benefit for each day you have a stay in a hospital or substance abuse treatment facility for the treatment of substance abuse.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$150
<p>Mental disorder stay - Daily</p> <p>Pays a daily benefit for each day you have a stay in a hospital or mental disorder treatment facility for the treatment of mental disorders.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$150
<p>Rehabilitation unit stay - Daily</p> <p>Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury.</p> <p><i>Maximum 30 days per plan year</i></p>	\$50	\$75
<p>Important Note: All daily inpatient stay benefits begin on day two and count toward the plan year maximum .</p>		



RATE SHEET

Rates shown are based on semi-monthly deductions. Your payroll deductions will be taken after taxes are taken.



Hospital Indemnity Plan

You may enroll in one option only.

Low		High	
	Cost		Cost
Yourself only	\$8.26	Yourself only	\$12.51
Yourself & spouse	\$17.10	Yourself & spouse	\$25.82
Yourself plus child(ren)	\$12.95	Yourself plus child(ren)	\$19.61
Yourself and family	\$20.39	Yourself and family	\$30.85

THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE ARE A SUPPLEMENT TO HEALTH INSURANCE AND NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

Plans are underwritten by Aetna Life Insurance Company (Aetna). Insurance plans contain exclusions and limitations. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Policies may not be available in all states, and rates and benefits may vary by location. Supplemental health plans provide limited benefits. The benefit payments are not intended to cover the full cost of medical care. Providers are independent contractors and are not agents of Aetna. This material is for information only and is not an offer or invitation to contract. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

Waiver of premium

If you are in a hospital for more than 30 days in a row, we will waive the premium beginning on the first premium due date that occurs after the 30th day of your stay, through the next 6 months of coverage. During your stay, you must remain employed with the policyholder.

Exclusions and Limitations

This plan has exclusions and limitations. Refer to the actual policy and certificate to determine which benefits are not payable. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased.

Benefits will not be paid for any stay or other service for an illness or accidental injury related to the following:

1. Certain competitive or recreational activities, including but not limited to: ballooning, bungee jumping, parachuting, skydiving;
2. Any semi-professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment;
3. Act of war, riot, war;
4. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not;
5. Assault, felony, illegal occupation, or other criminal act;
6. Care provided by a spouse, parent, child, sibling or any other household member;
7. Cosmetic services and plastic surgery, with certain exceptions;
8. Custodial Care;
9. Hospice services, except as specifically provided in the Benefits under your plan section of the certificate;
10. Self-harm, suicide, except when resulting from a diagnosed disorder;
11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
12. Care or services received outside the United States or its territories;
13. Education, training or retraining services or testing;
14. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant;
15. Exams except as specifically provided in the Benefits under your plan section of the certificate;
16. Dental and orthodontic care and treatment;
17. Family planning services;
18. Any care, prescription drugs, and medicines related to infertility;
19. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins;
20. Outpatient cognitive rehabilitation, physical therapy, occupational therapy, or speech therapy for any reason;
21. Vision-related care

Portability

Your plan includes a option portability which allows you to keep your existing coverage by making direct payments to the carrier. You may exercise this option portability, if your employment ceases for any reason. Refer to your Certificate for additional provisions.

American Fidelity Employee Assistance Program (EAP)

Support for Everyday Issues, Every Day

American Fidelity EAP provides emotional wellness and work/life balance resources for you and your immediate family members.

Everyone faces problems or situations that are difficult to resolve. When these instances arise, American Fidelity EAP will be there to help. American Fidelity EAP provides confidential resources to help you navigate life's ups and downs. This includes professional referrals for a wide variety of concerns, such as:

Anxiety

Depression

Marriage and Relationship Problems

Grief and Loss

Substance Abuse

Anger Management

Work Related Pressures

Stress

Expert Referrals and Consultation

Whether you are a new parent, a caregiver, selling your home, or looking for legal advice, you're likely to need guidance and referrals to expert resources.

- **Legal Assist** Free telephonic or face-to-face legal consultation
- **Financial Assist** Expert financial planning and consultation
- **Family Assist** Consultation and referrals for everyday issues, such as: dependent care, auto repair, pet care, and home improvement

Confidentiality: American Fidelity EAP upholds strict confidentiality standards. Nobody, including your employer, will know you have accessed the program unless you specifically grant permission or express a concern that presents us with a legal obligation to release information. Some products and services may be provided by third party contractors and affiliated companies.

800-295-8323

americanfidelity.mysupportportal.com

American Fidelity Assurance Company
SB-32903-0120



Easy Digital Access

Mobile

- eConnect® mobile app for on-the-go access to the EAP
- Call or live chat with a licensed counselor
- Review a summary of the program

Web

- Secure video counseling through the eConnect® Portal
- Discounted fitness center memberships
- Library of online seminars and eLearning modules
- Bilingual content (English and Spanish)
- Thousands of helpful articles and tip sheets for personal and work related topics
- Search engines and directories for child care, elder care, education, legal, financial, and convenience services

Access eConnect® Mobile App

Username: americanfidelity

AMERICAN FIDELITY 
a different opinion 



BENEFITS AT A GLANCE

VISIT [HTTP://BENEFITS.FFGA.COM/WACOISD](http://benefits.ffga.com/wacoisd) FOR RATES AND BENEFIT INFORMATION.

RETIREMENT OPTIONS

First Financial offers a variety of options to help supplement your future income and help achieve your financial goals

WHICH ONE IS RIGHT FOR ME?

A 403(b) Plan allows you to reduce your federal taxable income by the amount you choose to contribute.

A 457(b) Plan is a deferred compensation plan that allows eligible employees to save for retirement by deferring compensation with pre-tax dollars.

Introducing...



FFInvest 457(b) Retirement Plan

We are excited to announce the FFINvest Retirement Plan that is now available. The FFINvest 457(b) 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 21 different investment options to take advantage of changing investment market conditions, including American Funds, Vanguard, Harbor, and Delaware. There are also Bond Funds and Target Date Retirement Funds to choose from.

- **Roth (After-Tax) Deduction Option Available**

- **Rollovers/Transfers**

Rollovers/Transfers are accepted into the plan from other retirement plans, including IRA's

- **Retirement Savings Contributions Credit (Saver's Credit)**

An individual may be able to take a tax credit of up to \$1,000 (\$2,000 if filing jointly) for making eligible contributions to an employer-sponsored retirement plan.

- **NO IRS Penalty**

NO 10% IRS penalty for withdrawals prior to age 59 ½

- **NO Front-End Sales Charge**

There are NO sales charges taken from contributions. This means that 100% of all contributions are invested and start working for you.

- **NO Deferred Sales Charge**

- **Client Friendly Technology & Communication**

- » Quarterly Statement
- » Toll-free telephone number
- » Interactive website: www.my457account.com
- » Personalized Benefit Projections
- » Loan Option
- » [Blog / Calculators](#)
- » [Quarterly Newsletter](#)

Contribution Limits for 2022:

\$20,500 – under age 50

\$27,500 – age 50 and over

Enroll Online Now!

- » Go to www.my457account.com
- » Select "Retirement Plan Login"
(upper left hand corner, above InvesTrust logo)
- » Select "New User"
- » Enter Plan Password (case sensitive): Waco

If you have questions, please contact an InvesTrust Retirement Plan Specialist at 1-866-848-0258, Monday -Friday, 8:00 a.m. to 5:00 p.m. CST.

For Questions or Information on how to enroll in the new FFINvest 457(b) Retirement Plan, contact Taylor Silguero at 512-630-6654 or Taylor.Silguero@ffga.com



ART

Active to Retirement Transitioning

**HELPING YOU HAVE A SMOOTH
AND EASY TRANSITION**



CONGRATULATIONS!

After years of hard work, you are finally able to retire. While this is an exciting time to start the next chapter of your life, it also can be overwhelming to know which steps to take first.

First Financial Group of America is here to assist you so that you can smoothly adjust to your new lifestyle. Schedule time to talk with us to discuss the following questions.

Retirement Planning

- How do I find out how much income can I expect from TRS?
- What happens to my 403(b) or 457(b) plans?
- What about Social Security Income?

Health Insurance

- What happens to my Health Insurance?
- Should I stay in TRS Care or transition to Medicare?
- How does Medicare work?
- What is the difference between the Medicare Advantage Plan and a Medicare supplement (Medigap) plan?
- Are there deadlines?
- Do I pay for it? If so, what is the cost and how are premiums deducted?

Supplemental Benefits

If you have supplemental plans like life insurance, dental, vision, cancer insurance, disability insurance, long term care/assisted living, we can explain the effect retirement may have on them.

- What plans can I keep?
- How do I pay for them?
- Will the premiums change?

**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. Contact us today!**



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Austin, TX 78734
512-630-6654
Taylor.Silguero@ffga.com
www.ffga.com

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

1-800-521-2227 OR 1-877-299-2377.

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 1-800-521-2227 OR 1-877-299-2377 for more information.

LANGUAGE FOR NON-GRANDFATHERED PLANS

Blue Cross Blue Shield 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, Blue Cross Blue Shield 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 Blue Cross Blue Shield at 1-800-521-2227 or 1-877-299-2377.

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

You do not need prior authorization from Blue Cross Blue Shield 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 Blue Cross Blue Shield at 1-800-521-2227 or 1-877-299-2377.

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 Well of Target 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 18 month 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, Tammy Boyett

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

Blue Cross Blue Shield

Protecting Your Health Information Privacy Rights

September 1, 2017

Waco ISD is committed to the privacy of your health information. The administrators of the **Blue Cross Blue Shield** (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 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 Human Resources Benefits Office, Tammy Boyett, Supervisor of Benefits, Leave and Risk Management, 254-755-9522.

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

Blue Cross Blue Shield 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 Blue Cross Blue Shield 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 Blue Cross Blue Shield at t 1-877-299-2377. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Blue Cross Blue Shield 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 Blue Cross Blue Shield at **1-877-299-2377**.

MAKING ENROLLMENT CHANGES DURING THE YEAR

The open enrollment period for eligible employees will be held in

October 2021. Your new benefits will be effective January 1, 2022.

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 Tammy Boyett, Supervisor of Benefits, Leave & Risk Management, 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 Waco Independent School District		4. Employer Identification Number (EIN) 74-6002532	
5. Employer address P.O. BOX 27		6. Employer phone number 254-755-9473	
7. City WACO		8. State Tx	9. ZIP code 76703
10. Who can we contact about employee health coverage at this job? TAMMY BOYETT / ALICIA RODRIGUEZ			
11. Phone number (if different from above) 254-755-9522		12. Email address tammy.boyett@wacoisd.org/ 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](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.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

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.

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

* 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)

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 x	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/ State Relay 711	Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562

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

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.pdf 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.

IMPORTANT CONTACTS

TAYLOR SILGUERO, ACCOUNT EXECUTIVE

CELL: 512-630-6654 | EMAIL: TAYLOR.SILGUERO@FFGA.COM

BENEFIT	VENDOR	PHONE	WEBSITE
Medical	Blue Cross Blue Shield	866-355-5999	www.bcbstx.com
Phone Physician	Redi MD	281-633-0148	www.rediMD.com
Prescription Plan	Express Scripts	800-698-3757	www.express-scripts.com
Dental	Metlife	800-438-6388	www.metlife.com
Dental	QCD of America	800-229-0304	www.qcdofamerica.com
Vision	Superior	800-507-3800	www.superiorvision.com
Disability	American Fidelity	800-654-8489	www.americanfidelity.com
Accident	Guardian	888-482-7342	www.guardianlife.com
Cancer	American Fidelity	800-654-8489	www.americanfidelity.com
Hospital Indemnity	Aetna	888-772-9682	www.myaetnasupplemental.com
Critical Illness	The Standard	866-851-2429	www.standard.com
Legal	LegalShield	512-740-3322	www.legalshield.com
EAP (Employee Assistance Prgm)	American Fidelity	800-295-8323	www.americanfidelity.mysupportportal.com
Life	Texas Life	800-283-9233	www.texaslife.com
Group Life	Blue Cross Blue Shield	800-348-4512	www.bcbstx.com/ancillary/employees
Identity Theft	iLOCK360	855-287-8888	www.iLOCK360.com
HSA	Optum Bank	800-791-9361	www.optumbank.com
Medical FSA and Dependent Care	First Financial	800-523-8422	www.ffga.com
Limited Purpose Flex and HSA	First Financial	800-523-8422	www.ffga.com