

WACO ISD 2025 BENEFITS GUIDE

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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.

OPEN ENROLLMENT SCHEDULE

Campus	Day	Date	Time
Cedar Ridge Elementary	Tuesday	October 1st	8 AM – 2 PM
Crestview Elementary	Tuesday	October 1st	8 AM – 2 PM
Dean Highland Elementary	Wednesday	October 2nd	8 AM – 2 PM
Kendrick Elementary	Wednesday	October 2nd	8 AM – 2 PM
Bell’s Hill Elementary	Thursday	October 3rd	8 AM – 2 PM
Alta Vista Elementary	Thursday	October 3rd	8 AM – 2 PM
Provident Heights Elementary	Friday	October 4th	8 AM – 2 PM
J.H. Hines Elementary	Friday	October 4th	8 AM – 2 PM
Brook Avenue Elementary	Monday	October 7th	8 AM – 2 PM
Parkdale Elementary	Monday	October 7th	8 AM – 2 PM
Mountainview Elementary	Tuesday	October 8th	8 AM – 2 PM
West Avenue Elementary	Tuesday	October 8th	8 AM – 2 PM
Maintenance	Wednesday	October 9th	8 AM – 10 AM
Administration*	Wednesday	October 9th	11 AM – 5 PM
Lake Air Montessori	Thursday	October 10th	8 AM – 2 PM
Cesar Chavez Middle	Thursday	October 10th	9 AM – 4 PM
Tennyson Middle	Friday	October 11th	9 AM – 4 PM
Carver Middle	Friday	October 11th	9 AM – 4 PM
Waco High	Tuesday	October 15th	9 AM – 3 PM
University High	Wednesday	October 16th	9 AM – 3 PM
South Waco Elementary	Thursday	October 17th	8 AM – 2 PM
Hillcrest PDS	Thursday	October 17th	8 AM – 2 PM
GL Wiley	Friday	October 18th	8 AM – 10 AM
Challenge/N Waco	Friday	October 18th	8 AM – 10 AM
Transportation	Friday	October 18th	11 AM – 1 PM
GWAHCA	Friday	October 18th	11 AM – 1 PM
GWAMA	Friday	October 18th	2 PM – 4 PM

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

Employee Benefits Center

A guide to your benefits!

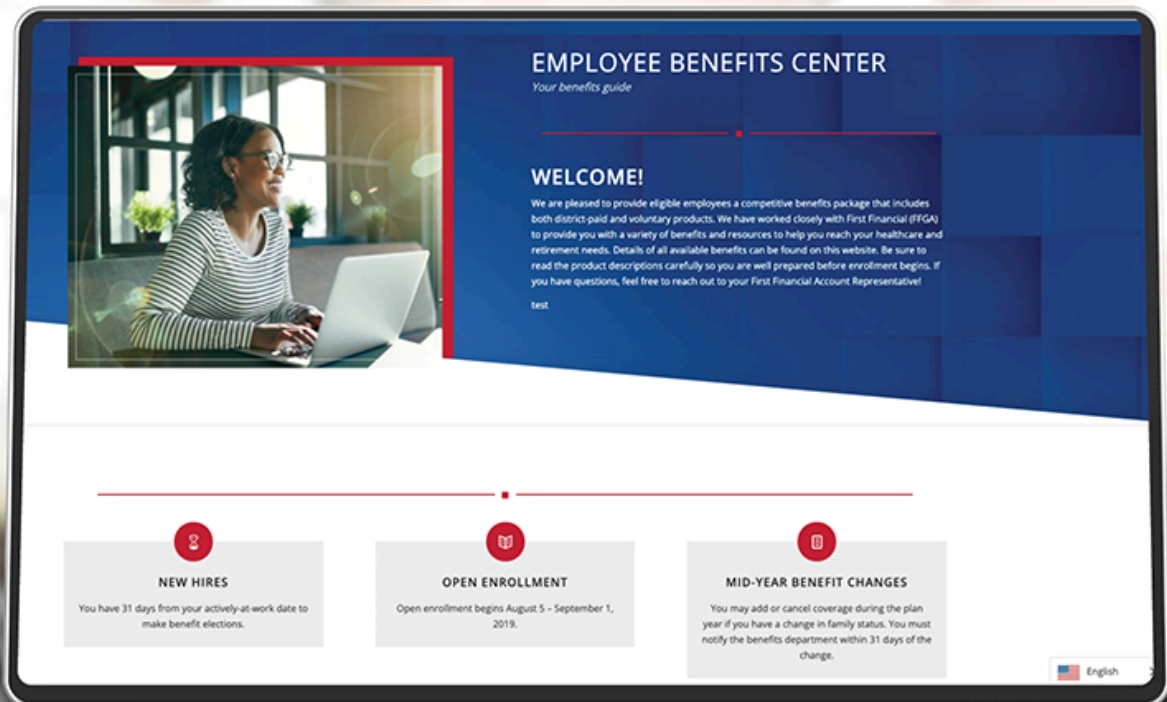
Waco ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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



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

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



How to Enroll

On-Site Enrollment

When it's time to enroll in your benefits, an FFGA representative will visit your campus to assist you with making your open enrollment elections. See the Open Enrollment Schedule on Page 3 to find out when a representative will be at your campus.

Online Enrollment

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

Login

- Username: Social Security Number (no dashes)
- PIN : The last four digits of your Social Security Number and the last two digits of the year you were born (six digits total)

View Current Benefits

After logging in, you will arrive at the welcome screen. Your current benefits and premium deductions will be listed on this screen.

View/Add Dependents

Click next to view your dependents. It is very important to make sure the social security numbers and birth dates listed are correct. If you plan to add dependents, you will need to enter their legal name, social security numbers and birth dates.

Begin Elections

Click next again to begin making your benefit elections. Remember, no changes to your elections can be made during the plan year unless you have either a qualified mid-year change under Section 125 or a special enrollment event.

Benefit Eligibility & Coverage

Employee Coverage

Eligibility

Eligible employees must be actively at work on the plan effective date for new benefits to be effective.

New Employees

You have 31 days from your actively-at-work date to make benefit elections. Insurance coverage becomes effective on the first day of the month following your actively-at-work date.

Existing Employees

When it's time to enroll in your benefits, an FFGA Representative will be on campus to assist you with making your elections. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

Mid-year Benefit Changes

You may add or cancel coverage during the plan year if you have a change in family status. You must notify the benefits department within 31 days of the change.

Qualifying Life Events Include:

- Gaining or losing coverage, and changes in household including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual and student plans, losing eligibility for Medicare, Medicaid, or CHIP, turning 26 and losing coverage through a parent's plan

Declining Coverage

If you are eligible for benefits, but wish to **DECLINE** coverage, **you must still complete your enrollment. You must elect/re-enroll in the Employer Paid Flexible Spending Account (FSA) and complete the beneficiary information for the Employer Paid life insurance.**

Medical Insurance

2025 Insurance Premiums

Plan 1 \$4000 Choice HDHP Plan	Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Paycheck*
Employee Only	\$ 513.50	\$ 558.60	\$ -	\$ -
Employee /Spouse	\$ 1,188.80	\$ 558.60	\$ 599.40	\$ 299.70
Employee/Child(ren)	\$ 912.34	\$ 558.60	\$ 353.96	\$ 176.98
Employee/Family	\$ 1,515.43	\$ 558.60	\$ 889.38	\$ 444.69

Plan 2 \$3500 Nexus HMO Plan	Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Paycheck*
Employee Only	\$ 616.29	\$ 558.60	\$ 91.13	\$ 45.57
Employee /Spouse	\$ 1,378.70	\$ 558.60	\$ 767.99	\$ 384.00
Employee/Child(ren)	\$ 1,056.39	\$ 558.60	\$ 481.85	\$ 240.93
Employee/Family	\$ 1,759.51	\$ 558.60	\$ 1,106.07	\$ 553.04

Plan 3 \$2500 Choice EPO Plan	Monthly Premium	District Monthly Contribution	Employee Monthly Contribution	Employee Cost Per Paycheck*
Employee Only	\$ 761.12	\$ 558.60	\$ 219.71	\$ 109.86
Employee /Spouse	\$ 1,638.02	\$ 558.60	\$ 1,079.42	\$ 539.71
Employee/Child(ren)	\$ 1,267.01	\$ 558.60	\$ 708.41	\$ 354.21
Employee/Family	\$ 2,076.41	\$ 558.60	\$ 1,517.81	\$ 758.91

Medical Insurance Plan Summaries

	Plan 1 United Healthcare Choice Plus with an H.S.A.		Plan 2 United Healthcare Nexus ACO \$3500 Plan		Plan 3 United Healthcare Choice Plus \$2500 EPO Plan	
DOCTORS	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT OF NETWORK	WHAT YOU PAY TIER 1	WHAT YOU PAY TIER 2	WHAT YOU PAY IN-NETWORK	WHAT YOU PAY OUT OF NETWORK
Primary Care	20% after deductible		\$20 copay	\$40 copay	\$30 copay	
\$0 copay for children under the age of 19	N/A	N/A	\$0 no copay	\$0 no copay	\$0 no copay	N/A
Specialist Network	20% after deductible		\$40 copay	\$80 copay	\$60 copay	
Preventive Care	Covered 100%		\$0 no copay	\$0 no copay	\$0 no copay	
HOSPITAL						
In-Patient Hospital	20% after deductible		20% after deductible	40% after deductible	20% after deductible	N/A
Out-Patient Surgery	20% after deductible		20% after deductible	40% after deductible	20% after deductible	
EMERGENCY HEALTH SERVICES						
Emergency Room	20% after deductible	20% after deductible	\$1,250 copay per visit. then ded / coins. Waived if admitted.	\$1,250 copay per visit. then ded / coins. Waived if admitted.	\$1,250 copay per visit. then ded / coins. Waived if admitted.	\$1,250 copay per visit. then ded / coins. Waived if admitted.
Ambulance	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
ADDITIONAL SERVICES						
Pregnancy	20% after deductible		\$20 / \$40 copay	\$40 / \$80 copay	\$30 copay	
Mental Health	20% after deductible		then 20% after deductible	then 40% after deductible	then 20% after deductible	
Rehab / Habilitation Services	20% after deductible		\$20 copay outpatient	\$40 copay outpatient	\$30 copay outpatient	N/A
URGENT CARE SERVICES						
Urgent Care Facility	20% after deductible	N/A	\$20 / \$40 copay then 20% after deductible	\$40 / \$80 copay then 40% after deductible	\$30 / \$60 copay then 20% after deductible	
LAB & X-RAY SERVICES						
Minor lab & x-ray	20% after deductible		\$0 after	\$0 after	\$0 after	
Major lab & x-ray (MRI, CT Scan, PET Scan)	20% after deductible	N/A	\$100 copay per visit	\$100 copay per visit	\$75 copay per visit	
CALENDAR YEAR DEDUCTIBLE						
INDIVIDUAL	\$4,000		\$3,500	\$3,500	\$2,500	N/A
FAMILY	\$8,000		\$10,500	\$10,500	\$5,000	
MAXIMUM OUT OF POCKET						
INDIVIDUAL	\$7,000 **		\$7,900 **	\$7,900 **	\$7,500 **	N/A
FAMILY	\$14,000 **		\$15,800 **	\$15,800 **	\$15,000 **	
LIFETIME MAXIMUM BENEFIT						
	Unlimited	N/A	Unlimited	Unlimited	Unlimited	Unlimited

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

Plan Summary

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

Plan 1 HSA HDHP

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

	Short-Term Medications		Long-Term Medications
	Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply	Fill at any pharmacy in your plan's network; Cost for three 30-day supplies	Fill at CVS Pharmacy or CVS Caremark Mail Service Pharmacy; Cost for up to a 90 -day supply
Generic Medications Best option to help you save money	\$20 for one 30-day supply	\$60 for three 30-day supplies	\$50 for one 90-day supply
Preferred Brand-Name Medications Best option when a generic isn't available	\$50 for one 30-day supply	\$150 for three 30-day supplies	\$125 for one 90-day supply
Non-Preferred Brand-Name Medications Highest cost option	\$100 for one 30-day supply	\$300 for three 30-day supplies	\$250 for one 90-day supply
Annual Deductible	\$4,000 FOR Individual / \$8,000 for Family		
Maximum Out-of-Pocket	\$7,900 FOR Individual / \$15,000 for Family		

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

GLOBAL_2023_SUM_MCV_MOOP_S2P_0423

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

Register today at [Caremark.com/StartNow](https://www.caremark.com/StartNow)

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

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Plan Summary

This chart explains what your plan covers and what your share of prescription costs will be.

You can also find it on our website.

Plan 2 Nexus HMO

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

	Short-Term Medications		Long-Term Medications
	Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply	Fill at any pharmacy in your plan's network; Cost for three 30-day supplies	Fill at CVS Pharmacy or CVS Caremark Mail Service Pharmacy; Cost for up to a 90-day supply
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Preferred Brand-Name Medications Best option when a generic isn't available	\$50 for one 30-day supply	\$150 for three 30-day supplies	\$125 for one 90-day supply
Non-Preferred Brand-Name Medications Highest cost option	\$100 for one 30-day supply	\$300 for three 30-day supplies	\$250 for one 90-day supply
Maximum Out-of-Pocket	\$7,900 FOR Individual / \$15,800 for Family		

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

GLOBAL_2023_SUM_MCV_MOOP_S2P_0423

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Plan Summary

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Plan 3 Choice EPO

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	Short-Term Medications		Long-Term Medications
	Fill at any pharmacy in your plan's network; Cost for up to a 30-day supply	Fill at any pharmacy in your plan's network; Cost for three 30-day supplies	Fill at CVS Pharmacy or CVS Caremark Mail Service Pharmacy; Cost for up to a 90-day supply
Generic Medications Best option to help you save money	\$20 for one 30-day supply	\$60 for three 30-day supplies	\$50 for one 90-day supply
Preferred Brand-Name Medications Best option when a generic isn't available	\$50 for one 30-day supply	\$150 for three 30-day supplies	\$125 for one 90-day supply
Non-Preferred Brand-Name Medications Highest cost option	\$100 for one 30-day supply	\$300 for three 30-day supplies	\$250 for one 90-day supply
Maximum Out-of-Pocket	\$7,900 FOR Individual / \$15,000 for Family		

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

GLOBAL_2023_SUM_MCV_MOOP_S2P_0423

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106-52041N 080122

Register today at [Caremark.com/StartNow](https://www.caremark.com/StartNow)

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Prescription benefits

Convenient and affordable medication options

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

Make sure you know how to get your medication

You can pick up your medication at any pharmacy in your network. Some prescription benefits offer delivery by mail, too. Be sure to review your prescription benefit plan to see your options.

Tap into savings with digital tools.

Save time, compare costs and stay on top of your prescriptions. Do it all at [Caremark.com](https://www.caremark.com) and the CVS Caremark mobile app.

- Find a network pharmacy to keep medication costs as low as possible
- See if a medication is covered to get the most affordable option
- Compare drug costs to see where you can save
- Sign up to get email or text messages about your prescriptions and more
- Request refills and keep track of prescriptions for your family

For answers to commonly asked questions, visit [Caremark.com/HelpCenter](https://www.caremark.com/HelpCenter) or scan the code.



To scan the QR code:
Open your camera
Scan the code
Tap the link



Rx Delivery by Mail

Convenience, savings and safety.

Why get your Rx delivered by mail? Not only is delivery by mail a safe and secure way to get the medications you take regularly (like medication for asthma or high blood pressure) — you’ll probably save money, too.

Want more convenience?

With delivery, you have one less thing to worry about. Your 90-day supplies will arrive at your door from CVS Caremark® Mail Service Pharmacy.

Like to save?

Filling your Rx in 90-day supplies usually comes with savings. Plus, there’s no extra cost for shipping.

Looking to stay safe?

Contactless delivery keeps you and your loved ones safe. And our secure, nondescript packaging protects your privacy.



**90-day supplies
typically cost
less than 30-day
supplies.**

Start Rx Delivery by Mail at [Caremark.com/RxDelivery](https://www.caremark.com/RxDelivery)
(after your benefits begin).

Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

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Visit with a provider 24/7 — whenever, wherever

With 24/7 Virtual Visits, you can connect to a provider by phone or video¹ through **myuhc.com**[®] or the UnitedHealthcare[®] app



Another way to get care

Providers can treat a wide range of health conditions—including many of the same conditions as an emergency room (ER) or urgent care—and may even prescribe medications,² if needed. **With a UnitedHealthcare plan, your cost for a 24/7 Virtual Visit is usually \$54 or less.³**

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

- Cough
- Headache
- Sore throat
- Fatigue/weakness
- Nasal discharge
- Difficulty sleeping
- Congestion/sinus pain
- Fever
- Loss of appetite

\$54 or less

An estimated 25% of ER visits could be treated with a 24/7 Virtual Visit—bringing a potential \$2,000⁴ cost down to \$54 or less

Get started

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

United Healthcare[®]

¹ Data rates may apply.

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

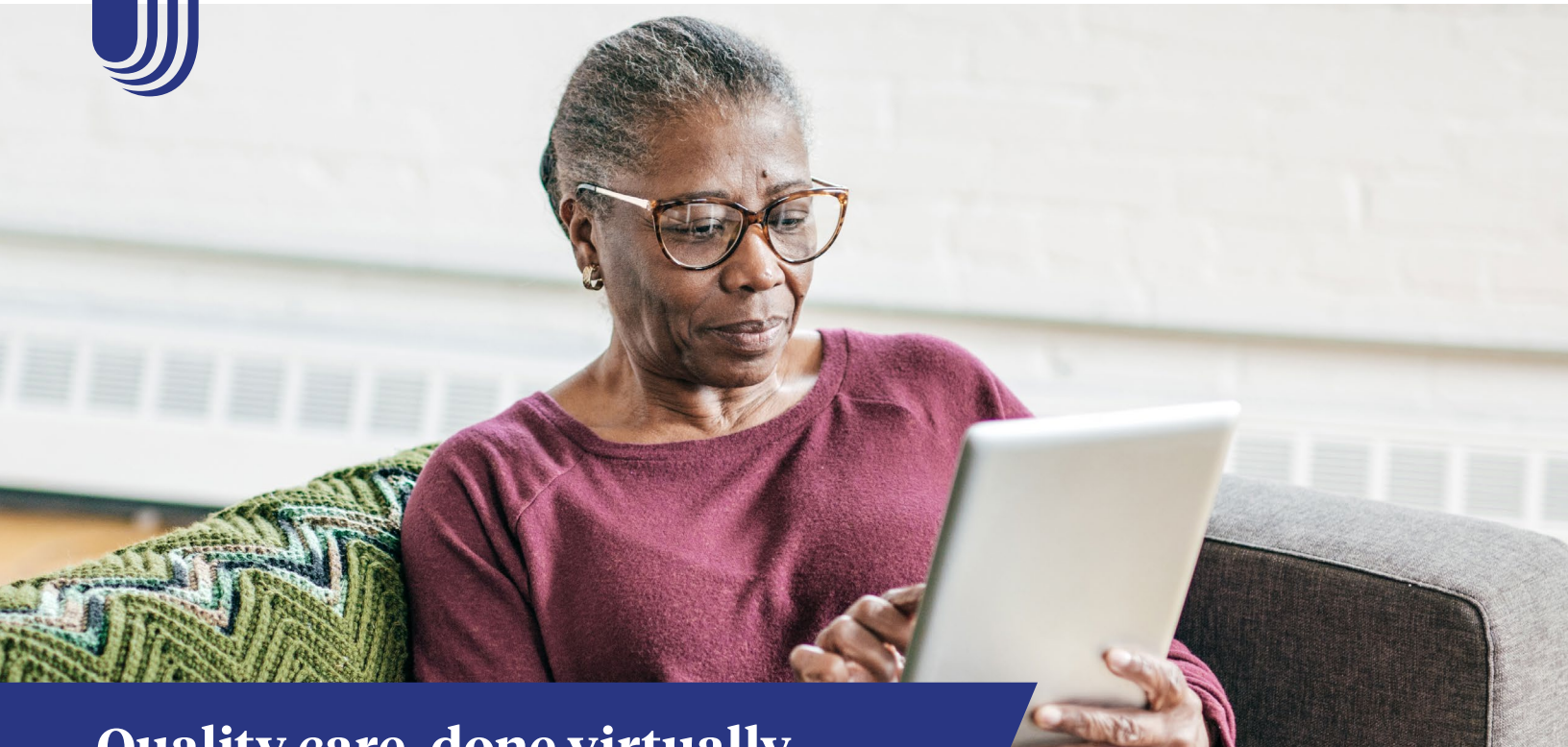
³ The Designated Virtual Visit Provider's reduced rate for a 24/7 Virtual Visit is subject to change.

⁴ Average allowed amounts charged by UnitedHealthcare Network Providers are not tied to a specific condition or treatment. Actual payments may vary depending upon benefit coverage. Estimated urgent care savings are based on a \$131 difference between an average urgent care visit cost of \$180 and a Virtual Visit cost of \$54; \$2,000 difference between the average emergency room visit and the average urgent care visit. The information and estimates provided are for general informational and illustrative purposes only and are not intended to be nor should be construed as medical advice or a substitute for your doctor's care. You should consult with an appropriate health care professional to determine what may be right for you. In an emergency, call 911 or go to the nearest emergency room.

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

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

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



Quality care, done virtually

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

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

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

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

What kind of virtual care might be right for you?



Virtual primary care:

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



24/7 Virtual Visits:

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



Scan the QR code to access your virtual care options





Get care from a specialist, virtually



Specialized care at your fingertips

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

Built for easy access

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

Works on your schedule

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

Designed for affordable, quality care

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

Meet online with a specialist for these conditions and more:

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

Get started

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



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

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

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



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



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

Virtual therapy offers confidential counseling and includes:

Private video sessions

Get 1-on-1 support—in your home and at a time that’s convenient for you.

Help with coping—for children, teens and adults

Your licensed therapist may provide a diagnosis, treatment and medication if needed.

Similar standard of care as in-person visits

You can see the same therapist with each appointment and establish an ongoing relationship.

Virtual therapy is designed to help treat conditions like:

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



A quicker way for the whole family to get care

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

To find a provider and schedule a visit

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

*Data rates may apply.

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

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

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

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



The UnitedHealthcare® app and myuhc.com®

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

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

Register once to access both tools

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

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

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

Get connected



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

United Healthcare

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

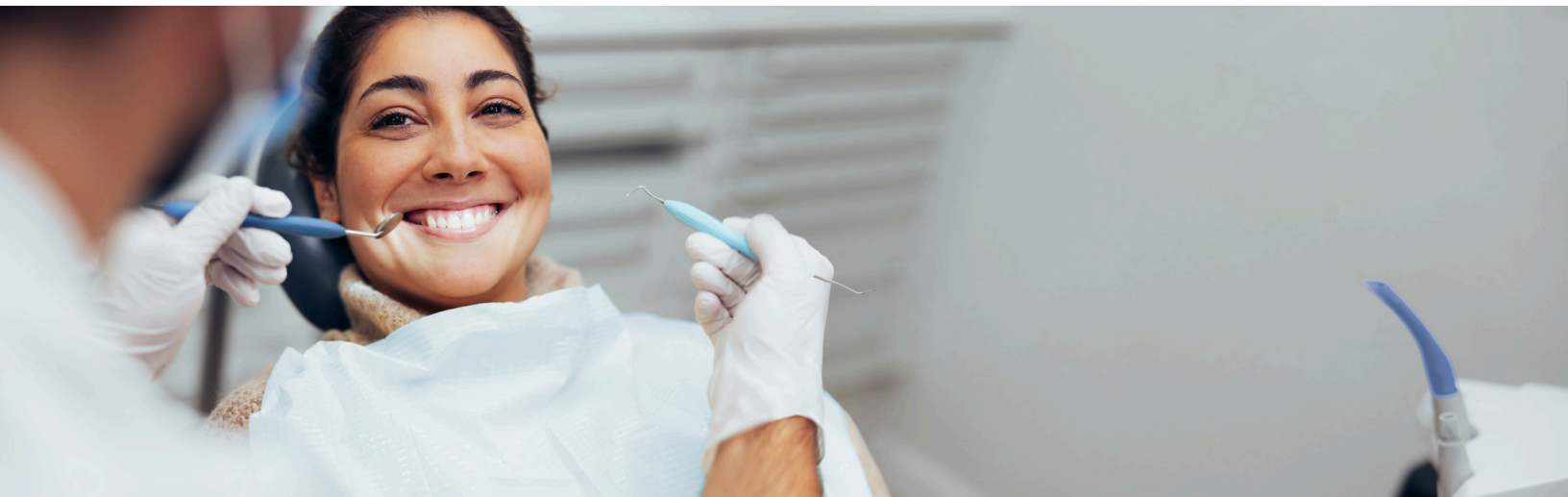
All UnitedHealthcare members can access a cost estimate online or on the mobile app. None of the cost estimates are intended to be a guarantee of your costs or benefits. Your actual costs may vary. When accessing a cost estimate, please refer to the Website or Mobile application terms of use under the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

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

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

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

Dental Insurance - New Carrier!



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

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

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

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

Ameritas Dental Semi-Monthly Premiums	
Employee Only	\$11.58
Employee + One	\$23.08
Employee + Family	\$35.58

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

Dental Plan Summary

Effective Date: 1/1/2025

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

Orthodontia Summary - Adult and Child Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	None

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> Routine Exam (1 in 6 months) Bitewing X-rays (1 in 12 months) Full Mouth/Panoramic X-rays (1 in 5 years) Periapical X-rays Cleaning (1 in 6 months) Fluoride for Children 13 and under (1 in 12 months) Sealants (age 15 and under) Pre-Diagnostic Test (age 35 and over) (1 in 2 years) 	<ul style="list-style-type: none"> Space Maintainers Fillings for Cavities Restorative Composites (anterior and posterior teeth) Denture Repair Simple Extractions Complex Extractions Anesthesia 	<ul style="list-style-type: none"> Onlays Crowns (1 in 10 years per tooth) Crown Repair Endodontics (nonsurgical) Endodontics (surgical) Periodontics (nonsurgical) Periodontics (surgical) Implants Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 10 years)

Semi-Monthly Rates

Employee Only (EE)	\$11.58
EE + 1 Dependent	\$23.08
EE + 2 or more Dependents	\$35.58

Ameritas Information

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

Dental Health Scorecard

How would you rate your dental health? In 2016, you can receive your Dental Health Report Card by signing into your secure member account online. Your assessment is based on claims submitted. The report card also offers suggestions if you strive to improve your dental health. Ameritas members can access the personalized report card by going to ameritas.com, click Account Access in the top right corner and choose the Dental/Vision/Hearing drop down. Select the Secure Member Account link and sign in to see your report.

Rx Savings

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

Vision Insurance

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

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

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

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

Vision Semi-Monthly Premiums

Employee Only	\$3.71
Employee + One	\$7.18
Employee + Family	\$10.56

Vision Plan Enhancements:

- Frames benefit increased to \$200 per calendar year
- Contact lenses benefit increased to \$200 per calendar year
- Exam, frames, lenses, and contact lenses benefits can now be used once per calendar year vs the previous once every 12 months.





Vision plan benefits for Waco ISD

Copays		Semi-Monthly premiums		Services/frequency	
Exam ¹	\$10	Employee Only	\$3.71	Exam	1 per calendar year
Eyewear ²	\$25	Employee + 1 person	\$7.18	Frame	1 per calendar year
		Employee and Family	\$10.56	Lenses	1 per calendar year
				Contact lenses	1 per calendar year

Benefits through Superior Select Southwest network

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

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

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

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

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

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

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

Discount features

Discounts on covered materials⁶

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

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

superiorvision.com

(800) 507-3800

Lens type*	Member out-of-pocket ⁶
Scratch coat	\$15
Ultraviolet coat	\$12
Tints, solid	\$15
Tints, gradient	\$18
Polycarbonate	\$40
Blue light filtering	\$15
Digital single vision	\$30

Progressive lenses

Standard/Premium/Ultra/Ultimate \$55 / \$110 / \$150 / \$225

Anti-reflective coating

Standard/Premium/Ultra/Ultimate \$50 / \$70 / \$85 / \$120

Polarized lenses \$75

Plastic photochromic lenses \$80

High Index (1.67 / 1.74) \$80 / \$120

* The above table highlights some of the most popular lens type and is not a complete listing. This table outlines member out-of-pocket costs⁵ and are not available for premium/upgraded options unless otherwise noted.

Discounts on non-covered exam, services and materials⁶

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

Laser vision correction (LASIK)⁶

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

Hearing discounts⁶

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

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

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

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

Flexible Spending Account (FSA)

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

Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. Your plan includes a grace period of 2 and a half extra months. This means you have until March 15th, 2025 to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2025 is \$3,200.

Medical FSA Highlights

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

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

Dependent Care FSA

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

You may allocate up to \$5,000 per tax year for reimbursement of dependent care services.

If you are married and file a separate tax return, the limit is \$2,500.

Dependent Care FSA Highlights

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

Health Savings Account (HSA)

Optum Bank | www.optumbank.com | 866-234-8913

A Health Savings Account (HSA) works in conjunction with the Plan 1 HDHP Medical to combine tax-free savings earmarked for qualified medical, dental, vision, and prescription expenses. An HSA allows you to set aside money to pay for higher deductibles associated with a lower monthly premium HDHP. The money you save in monthly insurance premiums is reserved for eligible expenses you incur in the future.

Health Savings Account Highlights

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

Who Can Participate in an HSA?

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

Medical Coverage	2025 HSA Contribution Limits
Employee Only	\$4,300
Employee and Spouse Employee and Child(ren) Employee and Family	\$8,550

\$1,000 catch-up contributions (age 55 or older)

If you enroll in or have an HSA account, you must visit the link below to create your online account. Your Group Number is 902991.

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

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

FSA & HSA

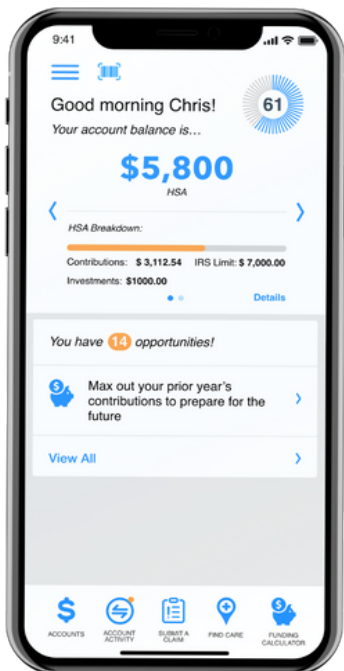
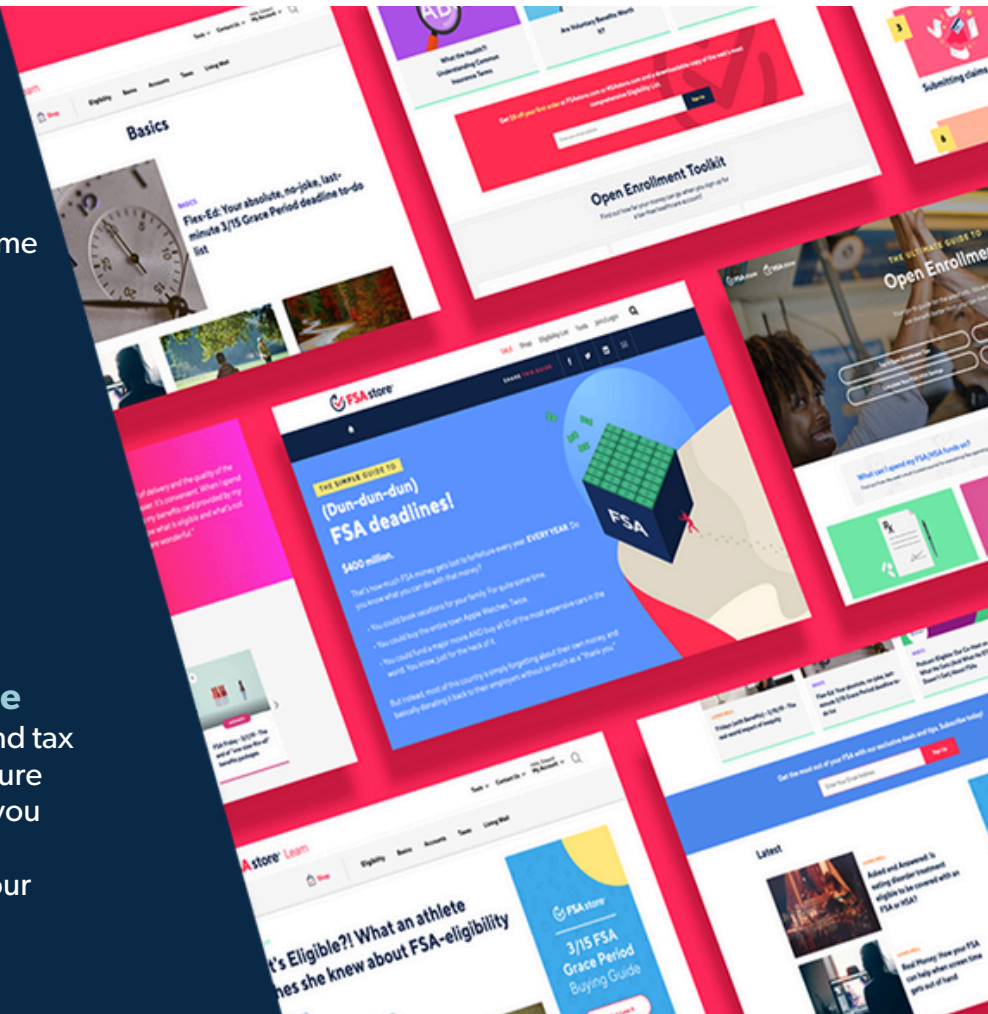
Benefits Card

The FFGA Benefits Card is available to all employees that participate in a Flexible Spending Account (HSA cards are separate and come directly from Optum Bank).

The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents who are at least 18 years old.

View Your Account Details Online

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



FF Mobile Account App

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

FSA/HSA Store

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



Texas Life

Permanent Life



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

Texas Life Insurance - Permanent, Portable Life Insurance

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

Texas Life - Permanent Life Highlights

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

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

CHILDREN AND GRANDCHILDREN (NON-TOBACCO)
with Accidental Death Rider
Grandchild coverage available through age 18.

Issue Age	Premium		Guaranteed Period
	\$25,000	\$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	11.13	75
21-22	6.25	11.38	74
23	6.38	11.63	75
24-25	6.50	11.88	74
26	6.75	12.38	75

Indicates Spouse Coverage Available

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

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

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

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

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	
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

CHILDREN AND GRANDCHILDREN (TOBACCO)
 with Accidental Death Rider
 Grandchild coverage available through age 18.

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

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO
 Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18
 Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

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

Indicates Spouse Coverage Available

Group Term Life & AD&D

Employer-Paid & Voluntary

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

Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Waco ISD provides all eligible employees a \$15,000 policy. The cost of this policy is paid for 100% by Waco ISD. This is a group term life policy that is in effect only while you are employed by Waco ISD.

Voluntary Term Life Insurance

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan. It will cover you for a specific period of time while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Limitations apply, please see policy for details. Visit the Employee Benefits Center for more details.





WACO ISD / TEEBC TRUST F021842 - 337 Class 2

Eligibility

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

Supplemental Life/AD&D Insurance

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

Dependent Life Only

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

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

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

Employee: 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.

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

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

Supplemental Life/AD&D Insurance

Semi-Monthly Premium Cost (Based on 24 payroll deductions per year)

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

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

Disability Insurance

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

Why Do I Need Disability Insurance?

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

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

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





Long-Term Disability Income Insurance

Waco ISD
Enhanced Plus Plans

AMERICAN FIDELITY

a different opinion



**First
Financial
Group
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.

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

Policy Provisions and Plan Features

Eligibility

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

When Coverage Begins

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

Physician Expense Benefit

Injury - \$150.00 per Injury
Sickness - \$50.00

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

Accidental Death Benefit

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

Hospital Confinement Benefit

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

Waiver of Premium

No premium payments are required while you are receiving payments under the plan after disability payments have been received for 180 consecutive days. We will require proof annually that you remain disabled during that time.

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group disability income.
- Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your disability.
- State Disability.
- Unemployment compensation.
- Workers' Compensation law, occupational disease law or any similar act or law.
- Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 90 (Plans I, II, III, IV, and V) and 150 (Plan VI) calendar days from the date of disability.

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

Minimum Disability Benefit

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

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

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

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

Return To Work Incentives: Disabled and Working

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

- **Family Care Benefit**

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

- **Worksite Accommodation**

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

Policy Benefit Limitations and Exclusions



Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

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

Special Conditions Limited Benefit

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

Pre-Existing Condition Limitation

A limited benefit up to 1 month's Disability Benefit will be payable for Disability due to a Pre-Existing Condition. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a Physician, for 12 consecutive months for such condition(s).

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

Any increase in benefits will be subject to this pre-existing condition limitation. A new pre-existing condition period must be satisfied with respect to any increase applied for and approved by us.

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

Exclusions

The Policy does not cover any loss, fatal or non-fatal, resulting from:

- Intentionally self-inflicted injury while sane or insane.
- An act of war, declared or undeclared.
- Injury sustained or Sickness contracted while in the service of the armed forces of any country.
- Committing a felony.
- Penal incarceration. We will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer.

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



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

LIMRA: 2015 Disability Insurance Awareness Month; May 2015.

Benefit Policy Schedule

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

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

Benefit Policy Schedule (continued)

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

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

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	Semi-Monthly Premium
\$100.00	\$3.00
\$150.00	\$4.50

Spousal Accident Only Disability Benefit Rider

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

Summary of Accident Only Spousal Benefit Rider Benefits:

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

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

COBRA Funding Rider

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

Summary of COBRA Funding Rider Benefits:

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

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

Survivor Benefit Rider

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

Summary of Survivor Benefit Rider Benefits:

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

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

Critical Illness Benefit Rider

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

Summary of Critical Illness Benefit Rider Benefits:

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

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

Cancer Insurance



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

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

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

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

Cancer Insurance Semi-Monthly Premiums

	Basic	Enhanced Plus
Employee	\$7.90	\$15.81
Employee + Family	\$13.43	\$26.90



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 Premiums

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

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

Critical Illness Insurance

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

Prepare For the Unexpected

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

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

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



Here's how it works:

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

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

SAMPLE OUT-OF-POCKET EXPENSES

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

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

Covered Conditions

Receive 100 percent of your coverage amount for:

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

Receive 25 percent of your coverage amount for:

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

Diagnosis and recommendation must occur after your coverage becomes effective.

Affordable Group Rates

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

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

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

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

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

Spouse Semi-Monthly Attained Age Premiums						
Coverage Amount	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

Accident Insurance

Guardian | www.guardiananytime.com | 888-482-7342

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

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

Accident Semi-Monthly Premiums		
	Value	Premier
Employee	\$3.50	\$6.25
Employee + Spouse	\$6.00	\$11.00
Employee + Children	\$8.00	\$13.00
Employee + Family	\$10.50	\$17.75





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

GUARDIAN® is a registered trademark of The Guardian Life Insurance Company of America

WACO INDEPENDENT SCHOOL DISTRICT
ALL ELIGIBLE EMPLOYEES

Group number: 00025029



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.

Hospital Indemnity Insurance

Aetna | www.myaetnasupplemental.com | 888-772-9682

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

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

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

Hospital Indemnity Semi-Monthly Premiums

	Low Plan	High Plan
Employee	\$8.26	\$12.51
Employee + Spouse	\$17.10	\$25.82
Employee + Children	\$12.95	\$19.61
Employee + Family	\$20.39	\$30.85



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 monthly deductions. Your payroll deductions will be taken after taxes are taken.



Hospital Indemnity Plan

You may enroll in one option only.

Low		Cost	High		Cost
Yourselves only		\$16.52	Yourselves only		\$25.02
Yourselves & spouse		\$34.19	Yourselves & spouse		\$51.63
Yourselves plus child(ren)		\$25.89	Yourselves plus child(ren)		\$39.22
Yourselves and family		\$40.77	Yourselves and family		\$61.70

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.

Employee Assistance Program

American Fidelity | www.americanfidelity.mysupportportal.com | 800-295-8323

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

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

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



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

Identity Theft Protection

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

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

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

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

Legal Plan

LegalShield | www.legalshield.com | 866-349-3303

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

Identity Theft Protection and Legal Semi-Monthly Premiums			
	iLock360 Plus	Legal	iLock360 and Legal Combined
Employee	\$4.48	\$9.48	\$13.95
Employee + Family	\$9.48	\$9.48	\$16.95

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



457(b) RETIREMENT PLAN



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

PLAN HIGHLIGHTS

Multiple Investment Options

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

ROTH (After-Tax) Option

Loan availability (subject to balance)

Rollovers/Transfers

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

No Front-End or Deferred Sales Charges



ENROLL ONLINE

Go to www.tcgservices.com

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

If you have questions, please contact TCG Administrators at [\(800\) 943-9179](tel:8009439179)
Monday - Friday, 8:00 a.m. - 7:00 p.m.

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

Vast Learning Center located at
www.tcgservices.com

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

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

403(b) Retirement Plans

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

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

How a 403(b) Works

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

Benefits

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

Contribution Limits

2024	2025
\$23,000	\$24,000

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

COBRA

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

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

COBRA Highlights

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

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



Medicare & Age 65



Questions to Consider Before Retiring

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

Taylor Silguero
Account Manager
Cell: 512-630-6654

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

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

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