

# ROCKPORT-FULTON ISD 2025-2026 BENEFITS GUIDE



SCAN ME



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

# Employee Benefits Center

## A guide to your benefits!

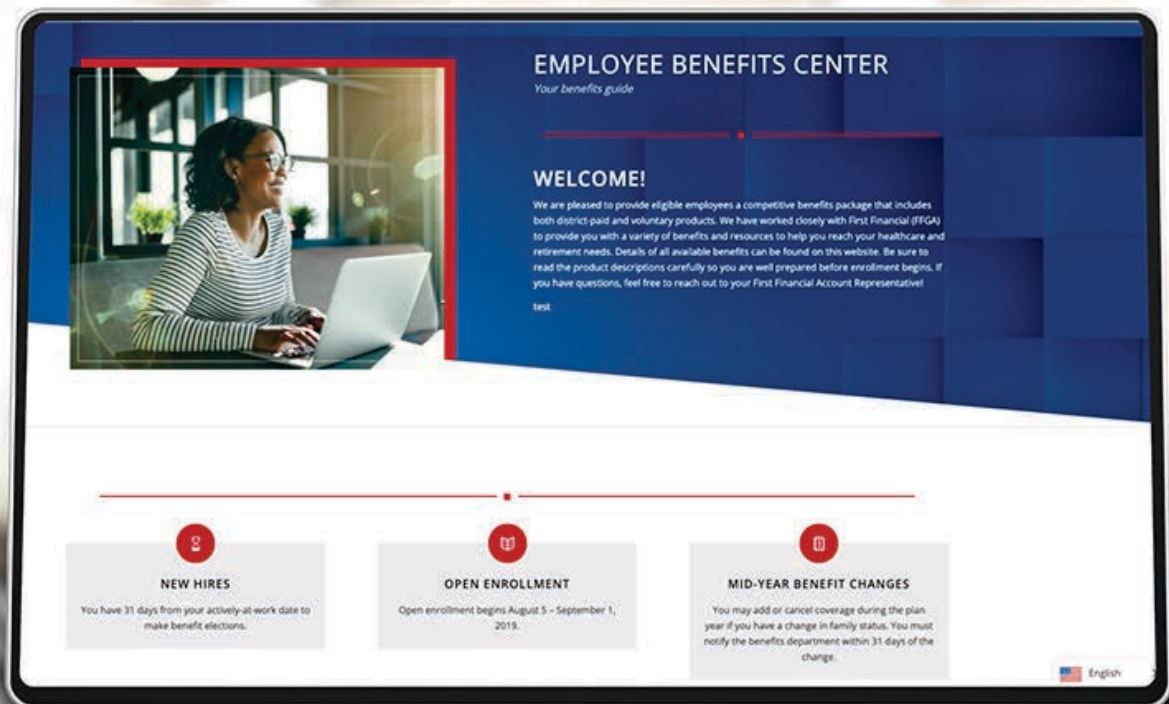
Rockport-Fulton ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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



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

<https://ffbenefits.ffga.com/rockportfultonisd>



# How to Enroll

## Benefits Enrollment

### On-Site Enrollment

When it's time to enroll in your benefits, your FFGA Account Representative will be on-site to assist you with making your elections. Visit your EBC for more information.

### Online Enrollment

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

#### Enroll Now

#### Login & PIN

- Employee ID
  - The Employee ID is either your social security number or your Employee ID.
- PIN
  - Instructions to access your initial Personal Identification Number (PIN) will be provided to you prior to open enrollment.
  - Upon initial login, the PIN will be required to be changed.
  - Remember your PIN as you will use this to sign your enrollment confirmation form and to login in the future.

#### View Current Benefits

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

#### View/Add Dependents

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

#### Begin Elections

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



# Benefit Eligibility & Coverage

## Employee Coverage

### Eligibility

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

### New Employees

You have 31 days from your actively-at-work date to make benefit elections. Insurance coverage becomes effective on the first day of the month that follows a waiting period of 30 calendar days.

### Existing Employees

When it's time to enroll in your benefits, your FFGA Account Representative will be available to assist you with making your elections. Your elections can be made anytime during annual enrollment online from your work or home computer. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

### Mid-year Benefit Changes

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

### Qualifying Life Events Include:

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

### Declining Coverage

If you are eligible for benefits, but wish to **DECLINE** coverage, please complete the online enrollment either on your work or home computer. Under each option, you will need to select "waive." **You must still complete the beneficiary information.**

# Section 125 Plans

## Section 125 Plan Information & Rules

A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.

### Here’s How It Works

A Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, the plan is available to you at no cost, and you’re already eligible – all you must do is enroll.

### Is It Right For Me?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about \$70 more each month if you participated in your employer’s Section 125 Plan – that’s a savings of \$840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 31 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

- IRS specified changes in family status include:
- Change in legal married status
  - Change in number of dependents
  - Termination or commencement of employment
  - Dependent satisfies or ceases to satisfy dependent eligibility requirements
  - Change in residence or worksite that affects eligibility for coverage

Section 125 Plan Sample Paycheck		
	Without S125	With S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Tax Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267

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

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

# Medical Coverage

## UBC Medical Plan



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

Allegiance/Cigna | [www.askallegiance.com](http://www.askallegiance.com) | 1.855.999.6808

### UBC MEDICAL PLAN

#### ***Benefits for UBC Members***

The Cigna Open Access Plus Network provides you with access to healthcare professional nationwide to address your health concerns. These UBC plans offer a range of coverage options to best meet the needs of you and your family. This provides you a great deal of flexibility and the option to save significantly on your health insurance premiums.

### CHOICE AND CONTROL

- The Cigna Open Access Plus Network provides access to 17,000 facilities and more than 1,000,000 healthcare professionals.

### THE UBC MEDICAL PLANS PROVIDED:

- Cigna's Largest Nationwide Network with over 1 million healthcare professionals
- No referral necessary to see a specialist
- Lower Out-Of-Pocket maximums
- In Network Benefits

For plan details, rates, and resources, please refer to the UBC website:

<https://ubc-benefits.com/rfisd>



# Employee Health Benefits 2025-26



## Rockport-Fulton ISD Which Plan is Right for You?



## Questions to Consider

- How much coverage do I need?
- How often do I access health care?
- Are my doctors in-network?
- Do I prefer higher premiums or pay as I go?
- Do I have regular prescriptions?



# Benefits for UBC Members

The Cigna Open Access Plus Network provides you with access to healthcare professionals nationwide to address your health concerns. The UBC plans offer a range of coverage options to best meet the needs of you and your family. This provides you a great deal of flexibility and the option to save significantly on your health insurance premiums.

## Choice and Control

The Cigna Open Access Plus Network provides access to 17,000 facilities and more than one million healthcare professionals.

**Need Assistance?**  
[help@UBC-Benefits.com](mailto:help@UBC-Benefits.com)

- Cigna Nationwide Network with more than one million healthcare professionals
- No referral necessary to see a specialist
- Lower out-of-pocket maximums
- In-network benefits





# Basic HD - Medical Plan

## Overview

The RFISD Basic HD Plan serves as the primary High Deductible plan option with low-cost monthly premiums in exchange for higher annual deductibles and out-of-pocket maximums. With in-network benefits, no need for physician referrals, free preventative generic drugs, and lower deductibles and out-of-pocket maximums, this plan provides premium savings to plan members with greater annual savings potential. The Basic HD is the only plan offered that allows you to use an HSA card.

Covered	Monthly Premium
<ul style="list-style-type: none"><li>Employee</li></ul>	<ul style="list-style-type: none"><li>\$185</li></ul>
<ul style="list-style-type: none"><li>Employee + Spouse</li></ul>	<ul style="list-style-type: none"><li>\$1,240</li></ul>
<ul style="list-style-type: none"><li>Employee + Child(ren)</li></ul>	<ul style="list-style-type: none"><li>\$635</li></ul>
<ul style="list-style-type: none"><li>Employee + Family</li></ul>	<ul style="list-style-type: none"><li>\$1,565</li></ul>



# Basic HD - Plan Quick-Reference

Refer to plan documents for limitations and additional information.

## Basic HD - Medical Plan

Feature	Your Network Costs	Your Out-of-Network Costs
Annual Deductible	\$3,500 individual/\$7,000 family	N/A
Coinsurance (after the annual deductible is met)	30% after deductible	N/A
Annual Out-of-Pocket Maximum	\$8,100 individual/\$16,200 family	N/A
<b>Physician Services</b>		
Office Visits - Primary	30% after deductible	N/A
Office Visits - Specialist	30% after deductible	N/A
Urgent Care Visits	30% after deductible	N/A
Emergency Care Visits	30% after deductible	N/A
Virtual Health/Behavioral (Recuro)	\$0 per consultation	N/A
<b>Prescription Drugs</b>		
Drug Deductible	Integrated with medical	
Generic (30/90 Day Supply)	\$0 after deductible	
Preferred Brand	30% after deductible	
Non-Preferred Brand	30% after deductible	
Specialty	30% up to a maximum of \$1,500 per script	
International Mail-Order	Brand and Specialty \$0, after deductible	

Refer to plan documents for limitations and additional information.

Basic HD - Medical Plan (continued)

Feature	Your Network Costs	Your Out-of-Network Costs
Maternity Services		
Routine Prenatal Care	30% after deductible	N/A
Delivery in Hospital	30% after deductible	N/A
Newborn Care in Hospital (Routine)	30% after deductible	N/A
Additional Services		
Inpatient Hospital	30% after deductible	N/A
Outpatient Surgery	30% after deductible	N/A
Outpatient Surgery - Patient Choice	\$0 after \$1,600 deductible	N/A
Lab & X-ray Outpatient (major)	30% after deductible	N/A
Lab & X-ray Outpatient (major) - Patient Choice	\$0 after \$1,600 deductible	N/A
Lab & X-ray Outpatient (minor)	30% after deductible	N/A
Hospital Emergency Care Services (treated as network)	30% after deductible	N/A
Non-Emergency use of Emergency Care Services	Not Covered	N/A
Chiropractic	30% after deductible	N/A



Refer to plan documents for limitations and additional information.

## Basic HD - Medical Plan (continued)

Feature	Your Network Costs	Your Out-of-Network Costs
<b>Preventative Care*</b>		
Well-Child Care	Plan pays 100%, no deductible	N/A
Well-Woman Care	Plan pays 100%, no deductible	N/A
Routine Screening Mammography	Plan pays 100%, no deductible	N/A
Adult Health Assessments	Plan pays 100%, no deductible	N/A
Immunizations	Plan pays 100%, no deductible	N/A
Screening Colonoscopy	Plan pays 100%, no deductible	N/A

\*Subject to Affordable Care Act requirements.

## Patient Choice Network provides a no out-of-pocket option for:



### *Outpatient surgeries, such as:*

- Shoulder Surgery
- Knee Surgery
- Hernia Surgery

### *Complex/major imaging.*

- MRI's
- CAT Scans
- PET Scans

### *Rehabilitation Therapies*

- Physical Therapy
- Occupational Therapy
- Cardiac Therapy
- Speech Therapy

**No deductible needs to be met  
and zero co-pay**

**Contact Us:**

**888.557.8550**

**[UBC@patientchoicehealth.com](mailto:UBC@patientchoicehealth.com)**

# Standard - Medical Plan

## Overview

The RFISD Standard Plan is designed to provide plan members a copay based plan offering for Primary Care and Specialist office visits in exchange for slightly higher monthly premiums. Along with in-network benefits, no need for physician referrals, free generic drugs, and lower annual deductibles and out-of-pocket maximums, this plan provides plan members additional flexibility and cost transparency for services.

Covered	Monthly Premium
<ul style="list-style-type: none"><li>Employee</li></ul>	<ul style="list-style-type: none"><li>\$230</li></ul>
<ul style="list-style-type: none"><li>Employee + Spouse</li></ul>	<ul style="list-style-type: none"><li>\$1,350</li></ul>
<ul style="list-style-type: none"><li>Employee + Child(ren)</li></ul>	<ul style="list-style-type: none"><li>\$710</li></ul>
<ul style="list-style-type: none"><li>Employee + Family</li></ul>	<ul style="list-style-type: none"><li>\$1,700</li></ul>





# Standard - Plan Quick-Reference

Refer to plan documents for limitations and additional information.

## Standard - Medical Plan

Feature	Your Network Costs	Your Out-of-Network Costs
Annual Deductible	\$2,750 individual/\$5,500 family	N/A
Coinsurance (after the annual deductible is met)	30% after deductible	N/A
Annual Out-of-Pocket Maximum	\$9,000 individual/\$18,000 family	N/A
Physician Services		
Office Visits - Primary	\$40 copay	N/A
Office Visits - Specialist	\$75 copay	N/A
Urgent Care Visits	\$50 copay	N/A
Emergency Care Visits	30% after deductible	N/A
Virtual Health/Behavioral (Recuro)	\$0 per consultation	N/A
Prescription Drugs		
Drug Deductible	\$500 Brand/Specialty Only	
Generic (30/90 Day Supply)	\$0	
Preferred Brand	30% retail/\$300 mail-order / International mail-order \$0	
Non-Preferred Brand	30% retail/\$300 mail-order / International mail-order \$0	
Specialty	30% up to a maximum of \$1,500 per script	
International Mail-Order	Brand and Specialty \$0, no deductible	

Refer to plan documents for limitations and additional information.

Standard - Medical Plan (continued)

Feature	Your Network Costs	Your Out-of-Network Costs
Maternity Services		
Routine Prenatal Care	30% after deductible	N/A
Delivery in Hospital	30% after deductible	N/A
Newborn Care in Hospital (Routine)	30% after deductible	N/A
Additional Services		
Inpatient Hospital	30% after deductible	N/A
Outpatient Surgery	30% after deductible	N/A
Outpatient Surgery - Patient Choice	\$0	N/A
Lab & X-ray Outpatient (major)	30% after deductible	N/A
Lab & X-ray Outpatient (major) - Patient Choice	\$0	N/A
Lab & X-ray Outpatient (minor)	30% after deductible	N/A
Hospital Emergency Care Services (treated as network)	30% after deductible	N/A
Non-Emergency use of Emergency Care Services	Not Covered	N/A
Chiropractic	30% after deductible	N/A

Refer to plan documents for limitations and additional information.

## Standard - Medical Plan (continued)

Feature	Your Network Costs	Your Out-of-Network Costs
<b>Preventative Care*</b>		
Well-Child Care	Plan pays 100%, no deductible	N/A
Well-Woman Care	Plan pays 100%, no deductible	N/A
Routine Screening Mammography	Plan pays 100%, no deductible	N/A
Adult Health Assessments	Plan pays 100%, no deductible	N/A
Immunizations	Plan pays 100%, no deductible	N/A
Screening Colonoscopy	Plan pays 100%, no deductible	N/A

\*Subject to Affordable Care Act requirements.

## Patient Choice Network provides a no out-of-pocket option for:



### **Outpatient surgeries, such as:**

- Shoulder Surgery
- Knee Surgery
- Hernia Surgery

### **Complex/major imaging.**

- MRI's
- CAT Scans
- PET Scans

### **Rehabilitation Therapies**

- Physical Therapy
- Occupational Therapy
- Cardiac Therapy
- Speech Therapy

**No deductible needs to be met  
and zero co-pay**

**Contact Us:**

**888.557.8550**

**[UBC@patientchoicehealth.com](mailto:UBC@patientchoicehealth.com)**



# Enhanced - Medical Plan

## Overview

The RFISD Enhanced Plan provides the richest medical benefits in exchange for higher monthly premiums. Combining the best aspects from all other plan offerings, this plan provides copays for Primary Care and Specialists, low copays for brand drugs, free generic drugs, in-network benefits, no need for physician referrals, and the lowest annual deductibles and out-of-pocket maximums available.

Covered	Monthly Premium
<ul style="list-style-type: none"><li>Employee</li></ul>	<ul style="list-style-type: none"><li>\$350</li></ul>
<ul style="list-style-type: none"><li>Employee + Spouse</li></ul>	<ul style="list-style-type: none"><li>\$1,405</li></ul>
<ul style="list-style-type: none"><li>Employee + Child(ren)</li></ul>	<ul style="list-style-type: none"><li>\$770</li></ul>
<ul style="list-style-type: none"><li>Employee + Family</li></ul>	<ul style="list-style-type: none"><li>\$1,860</li></ul>



# Enhanced - Plan Quick-Reference

Refer to plan documents for limitations and additional information.

## Enhanced - Medical Plan

Feature	Your Network Costs	Your Out-of-Network Costs
Annual Deductible	\$2,250 individual/\$4,500 family	N/A
Coinsurance (after the annual deductible is met)	30% after deductible	N/A
Annual Out-of-Pocket Maximum	\$8,000 individual/\$16,000 family	N/A
<b>Physician Services</b>		
Office Visits - Primary	\$40 copay	N/A
Office Visits - Specialist	\$75 copay	N/A
Urgent Care Visits	\$50 copay	N/A
Emergency Care Visits	30% after deductible	N/A
Virtual Health/Behavioral (Recuro)	\$0 per consultation	N/A
<b>Prescription Drugs</b>		
Drug Deductible	\$500 Brand/Specialty Only	
Generic (30/90 Day Supply)	\$0	
Preferred Brand	\$75 retail/\$150 mail-order / International mail-order \$0	
Non-Preferred Brand	\$200 retail/\$400 mail-order / International mail-order \$0	
Specialty	30% up to a maximum of \$1,500 per script	
International Mail-Order	Brand and Specialty \$0, no deductible	

\*Subject to Affordable Care Act requirements.



Refer to plan documents for limitations and additional information.

Enhanced - Medical Plan (continued)

Feature	Your Network Costs	Your Out-of-Network Costs
Maternity Services		
Routine Prenatal Care	30% after deductible	N/A
Delivery in Hospital	30% after deductible	N/A
Newborn Care in Hospital (Routine)	30% after deductible	N/A
Additional Services		
Inpatient Hospital	30% after deductible	N/A
Outpatient Surgery	30% after deductible	N/A
Outpatient Surgery - Patient Choice	\$0	N/A
Lab & X-ray Outpatient (major)	30% after deductible	N/A
Lab & X-ray Outpatient (major) - Patient Choice	\$0	N/A
Lab & X-ray Outpatient (minor)	Lab \$50 copay X-ray \$75 copay	N/A
Hospital Emergency Care Services (treated as network)	30% after deductible	N/A
Non-Emergency use of Emergency Care Services	Not Covered	N/A
Chiropractic	30% after deductible	N/A

\*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional information.

## Enhanced - Medical Plan (continued)

Feature	Your Network Costs	Your Out-of-Network Costs
<b>Preventative Care*</b>		
Well-Child Care	Plan pays 100%, no deductible	N/A
Well-Woman Care	Plan pays 100%, no deductible	N/A
Routine Screening Mammography	Plan pays 100%, no deductible	N/A
Adult Health Assessments	Plan pays 100%, no deductible	N/A
Immunizations	Plan pays 100%, no deductible	N/A
Screening Colonoscopy	Plan pays 100%, no deductible	N/A

\*Subject to Affordable Care Act requirements.

## Patient Choice Network provides a no out-of-pocket option for:



### Outpatient surgeries, such as:

- Shoulder Surgery
- Knee Surgery
- Hernia Surgery

### Complex/major imaging.

- MRI's
- CAT Scans
- PET Scans

### Rehabilitation Therapies

- Physical Therapy
- Occupational Therapy
- Cardiac Therapy
- Speech Therapy

**No deductible needs to be met  
and zero co-pay**

**Contact Us:**

**888.557.8550**

**[UBC@patientchoicehealth.com](mailto:UBC@patientchoicehealth.com)**



# 2025-26 UBC Rate Sheet



## Wellness Benefits at No Extra Cost

- Free Preventative Care
- Free Recuro 24/7 Virtual Acute & Behavioral Visits
- Free Generic Drugs Available

## Additional Services

### Patient Choice Program

- Free or Low Cost Major Imaging and Outpatient Surgeries
- Concierge Healthcare Navigation

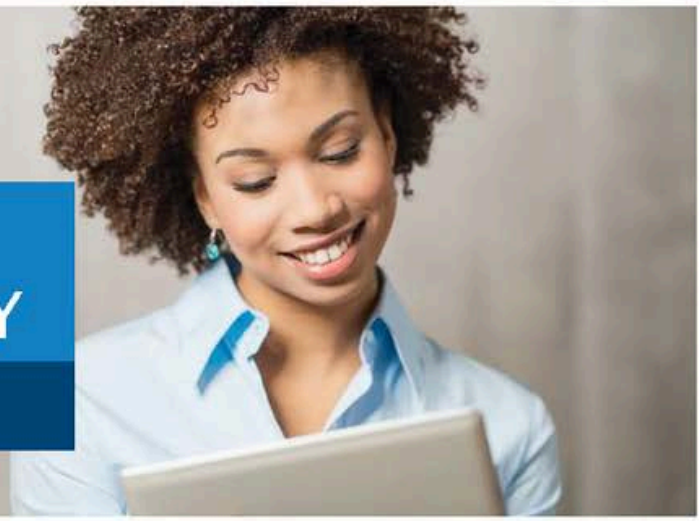
### International Pharmacy (LucyRx)

- Free or Low Cost Mail Order Prescriptions

## Plan Summary

	Basic HD	Standard	Enhanced
<b>Monthly Premiums</b>			
Employee Only	\$185	\$220	\$350
Employee & Spouse	\$1,240	\$1,350	\$1,405
Employee & Child(ren)	\$635	\$710	\$770
Employee & Family	\$1,565	\$1,700	\$1,860
<b>Plan Features</b>			
Type of Coverage	In Network Only	In Network Only	In Network Only
Individual / Family Deductible	\$3,500 / \$7,000	\$2,750 / \$5,500	\$2,250 / \$4,500
Coinsurance	30% after Deductible	30% after Deductible	30% after Deductible
Individual / Family Maximum Out-of-Pocket	\$8,100 / \$16,200	\$9,000 / \$18,000	\$8,000 / \$16,000
<b>Doctor Visits</b>			
Primary Care	30% after Deductible	\$40 Copay	\$40 Copay
Specialist	30% after Deductible	\$75 Copay	\$75 Copay
Recuro 24/7 Virtual Acute & Behavioral	\$0	\$0	\$0
<b>Immediate Care</b>			
Urgent Care	30% after Deductible	\$50 Copay	\$50 Copay
ER - Emergency Care	30% after Deductible	30% after Deductible	30% after Deductible
ER - Non Emergency Care	Not Covered	Not Covered	Not Covered
Recuro 24/7 Virtual Acute & Behavioral	\$0	\$0	\$0
<b>Prescription Drugs</b>			
Drug Deductible	Integrated with Medical	\$500 (Brand / Specialty ONLY)	\$500 (Brand / Specialty ONLY)
Generics (30 Day Supply/90 Day Supply)	\$0 after Deductible	\$0 Retail and Mail Order	\$0 Retail and Mail Order
Preferred Brand	30% after Deductible	30% Retail / \$300 Mail Order	\$75 Retail / \$150 Mail Order
Non-Preferred Brand	30% after Deductible	30% Retail / \$300 Mail Order	\$200 Retail / \$400 Mail Order
Specialty	30% up to a max of \$1,500	30% up to a max of \$1,500	30% up to a max of \$1,500
International Mail Order	\$0 Brand / Specialty (after Deductible)	\$0 Brand / Specialty (No Deductible)	\$0 Brand / Specialty (No Deductible)

# FINDING A DOCTOR IN OUR DIRECTORY IS EASY



Is your doctor or hospital in your plan's Cigna network? Cigna's online directory makes it easy to find who (or what) you're looking for.

## SEARCH YOUR PLAN'S NETWORK IN FOUR SIMPLE STEPS



### Step 1

Go to [Cigna.com](https://www.cigna.com), and click on "Find a Doctor" at the top of the screen. Then, under "How are you Covered?" select "Employer or School."



### Step 2

Change the geographic location to the city/state or zip code you want to search. Select the search type and enter a name, specialty or other search term. Click on one of our suggestions or the magnifying glass icon to see your results.



### Step 3

Answer any clarifying questions, and then verify where you live (as that will determine the networks available).



### Step 4

Optional: Select one of the plans offered by your employer during open enrollment. **(OAP) Network Open Access Plus**

**That's it!** You can also refine your search results by distance, years in practice, specialty, languages spoken and more.

## Search first. Then choose Cigna.

There are so many things to love about Cigna. Our directory search is just the beginning.

After you enroll, you'll have access to [myCigna.com](https://www.mycigna.com) – your one-stop source for managing your health plan, anytime, just about anyplace. On [myCigna.com](https://www.mycigna.com), you can estimate your health care costs, manage and track claims, learn how to live a healthier life and more.

**Questions?** Call **1-800-Cigna24**

**Together, all the way.®**



**Offered by: Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company or their affiliates.**

Providers and facilities that participate in the Cigna network are independent practitioners solely responsible for the treatment provided to their patients. They are not agents of Cigna. Product availability may vary by location and plan type and is subject to change. All group health insurance policies and health benefit plans contain exclusions and limitations. For costs and details of coverage, see your plan documents.

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# Welcome to LucyRx

We're glad you're here.

Prescription care should work as it was intended—clear, affordable, and centered around you. That's why LucyRx exists: to help you get the medicine you need, with the clarity and support you deserve.

Whether it's a one-time prescription or something more complex, you're not alone—we're here to help.







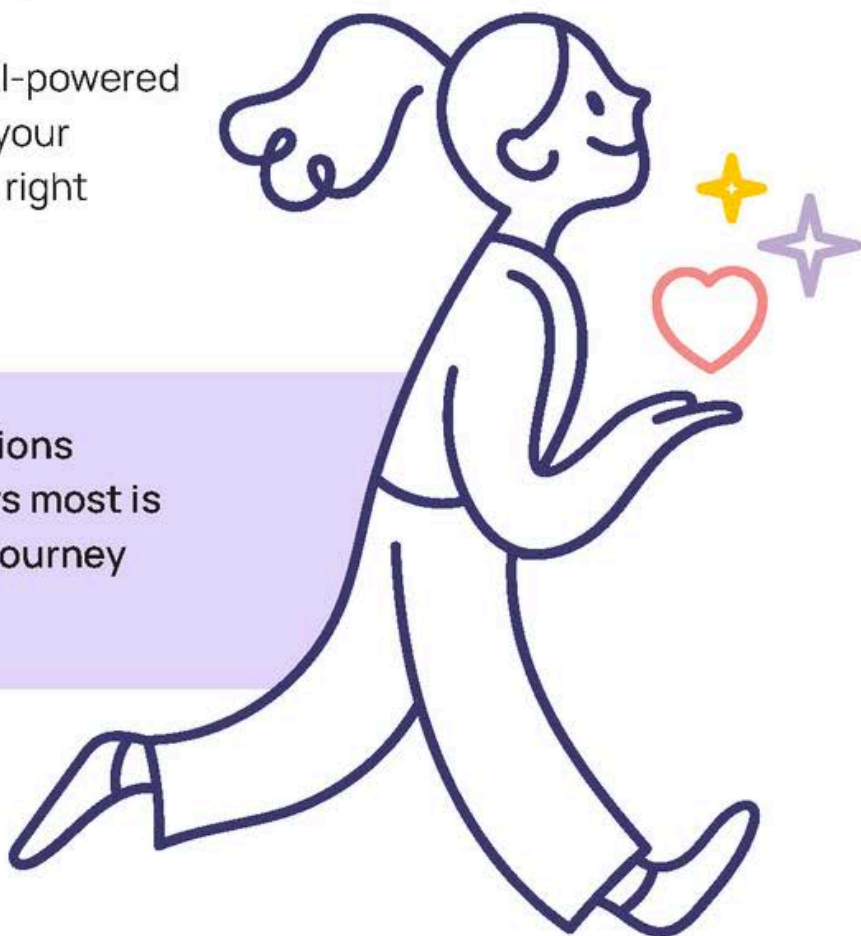
## Who We Are

LucyRx is your prescription care partner. We're independent, experienced, and built to make getting your medicine easier—from everyday needs to complex care.

We deliver better results through a nationwide pharmacy network, flexible plan designs, and convenient 90-day options—whether through home delivery or retail.

Behind the scenes, our proprietary, AI-powered analytics platform—LucyIQ™—helps your benefit work smarter, supporting the right care at the right cost, every time.

We serve more than 1,200 organizations across the country. But what matters most is you—and helping make your health journey easier, every step of the way.





# Getting Started with Your LucyRx Benefit

Here's how to start using your benefit and access support:

- 1 Check your ID card**  
Look for the LucyRx logo on the insurance card you received from Allegiance to confirm your prescription coverage. If you're unsure, ask your employer or contact our 24/7 Prescription Care team.
- 2 Show your card at the pharmacy**  
When filling a prescription, show your insurance card at the pharmacy so they can process your coverage correctly.
- 3 Register online**  
Visit [www.lucyrx.com/members](http://www.lucyrx.com/members) to create your digital account and view your plan details.
- 4 Download the app**  
Use the LucyRx app (available in the App Store and Google Play) to manage your prescriptions anytime, anywhere.



We're proud to be on your care team.  
Let's make this easier—together.



# Access Your Care, Anywhere

With LucyRx, managing your prescriptions is just a tap away.  
Use our mobile app or online portal to:



Track and refill prescriptions



Get refill reminders and alerts



Compare medication prices



Access your digital ID card



Locate in-network pharmacies



Check medication status or coverage



View your medication history

Your health information is always private and secure. You focus on your health—we'll take care of the rest.



## How to Register for Your Digital Account

1. Visit [www.lucyrx.com/members](http://www.lucyrx.com/members)
2. Click "Let's Go to My Benefits" and follow the prompts to select "Register Now"
3. Enter the details on your insurance card and create your username and password
4. Log in via desktop, mobile, or the LucyRx app

If you're experiencing a medical emergency, call 911 or go to the nearest emergency room.

For all other medication or benefit questions, our 24/7 Prescription Care team is here to help.





## We're Here When You Need Us

Have a question about your prescriptions? Need help finding a pharmacy or checking coverage? Our U.S.-based team is available 24/7—in 200+ languages—to get you the answers you need.

Call us anytime at 877-860-8846 or visit [www.lucyrx.com/members](https://www.lucyrx.com/members)

When you reach out, you'll talk to a trained specialist who can:

- ✓ Explain your LucyRx benefit
- ✓ Check coverage and medication details
- ✓ Help you find lower-cost options
- ✓ Resolve refill or delivery issues
- ✓ Connect you with a pharmacist if needed



At LucyRx, we don't just answer calls—we solve problems.



# 90-Day Convenience, Your Way

With LucyRx, you have options for getting a 90-day supply of your eligible maintenance medications—wherever it works best for you:

## Your Local Pharmacy

Get your 90-day supply filled at one of over 60,000 pharmacies nationwide. Prefer Walmart, H-E-B, or Target? You can stick with the places you already shop.

## Home Delivery

Want your medications shipped to your door? Use Walgreens Mail Service for home delivery—plus refill reminders, tracking, and copay tools included.

## Getting Started:



### Online:

Visit [walgreensmailservice.com](https://walgreensmailservice.com) to register. Once you're set up, you'll receive instructions for placing your first order.



### By phone:

Call 877-787-3047. Have your insurance info ready.



# Specialty Medications Made Simple

Some medicines are more complex.

If you're taking a specialty drug for a condition such as cancer, arthritis, or multiple sclerosis—LucyRx is here to help.

We don't just send your prescription to a pharmacy and hope for the best. We've built a smarter way to support you—with the care, service, and savings you need.

## Personalized Support for Your Treatment

No two conditions—or members—are the same. Our Care Guides take the time to understand your situation and match you with the right pharmacy, support, or savings program.

Here's how it works:

## LucyRx Care Guides Who Help You One-on-One

1

Our LucyRx Care Guides are trained nurses, pharmacists, and pharmacy techs. They're here to help you:

- Get your medicine approved
- Learn how to take it safely
- Understand what to expect during treatment
- Find ways to save money

You can call anytime—or wait for us to reach out.  
We'll walk you through what comes next.



# Specialty Medications Made Simple: Where You'll Get Your Medication

2

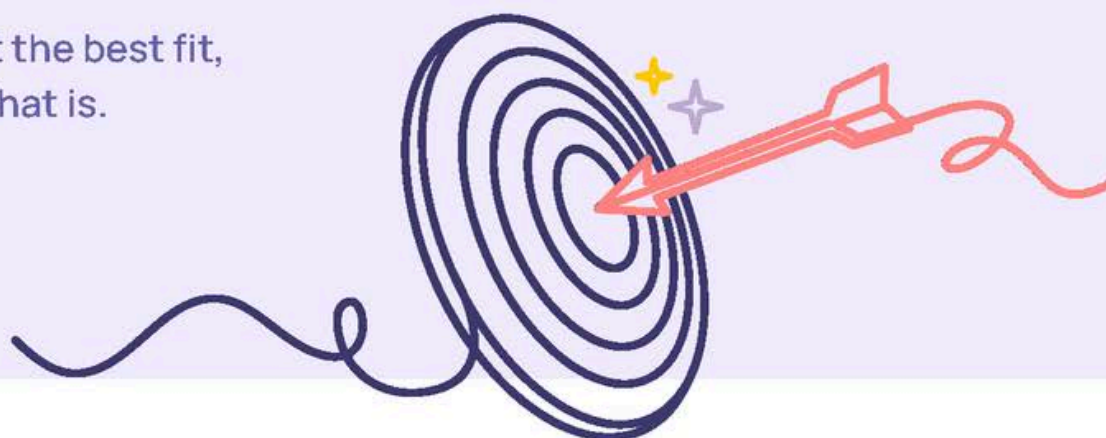
Most PBMs ship from large central pharmacies—often far from where care happens. LucyRx does things differently.

We've partnered with more than 100 health systems that operate specialty pharmacies inside their hospitals and clinics—so members can fill prescriptions where they already get care.

## This can mean:

- Faster access to your medication
- In-person conversations with your pharmacist
- Better coordination between your care team and your pharmacy
- Quicker help when something's not working

If a local pharmacy isn't the best fit,  
we'll guide you to one that is.



# Specialty Medications Made Simple: Getting Help with Cost

3

Specialty drugs can be expensive—but LucyRx helps lower what you pay.

When your prescription is submitted, our Care Guides check for savings opportunities. If there's a better option, we'll call you and walk you through it.

We may be able to:

- **Lower your copay** – We can often apply a coupon or discount without changing your pharmacy
- **Help you get your medicine for free** – In some cases, we connect you to trusted programs or pharmacies that cover the full cost
- **Offer a safe, lower-cost alternative** – If another version of your drug works the same but costs less, we'll help you understand your options
- **Provide extra support** – For complex conditions, we may connect you with a pharmacist or nurse who checks in regularly and helps manage your treatment

We don't wait for you to ask. If there's a way to save, we'll reach out.  
And if you ever have questions, just call—we're here to help.



# Specialty Medications Made Simple: What Happens Next

4

1. **Your doctor sends your prescription to a LucyRx specialty pharmacy**  
(We'll make sure it goes to the best option in our trusted network.)
2. **A LucyRx Care Guide reaches out to you**  
(No need to call—we'll connect with you directly.)
3. **We help you get started with the right pharmacy and support**  
(From benefits to side effects, we've got you covered.)
4. **You get your medication—and the help that comes with it**  
(Coaching, savings, and guidance are all part of the package.)

Need help at any point? Your LucyRx  
Care Guide is just a call away.





## Support for Specialty Needs

If you're managing a complex condition, where you fill your prescription **matters**. Your LucyRx Care Guide will help route it to a pharmacy that works closely with your care team—so you get the right medication, with the right support, from day one.

This team of nurses and pharmacists offer personalized support to help you:

- ✦ Understand your medications and treatment options
- ✦ Access financial assistance and coverage guidance
- ✦ Navigate prior authorizations
- ✦ Stay on track—clinically and financially

### So where will you actually get your medicine?

Let's walk through how your specialty prescription is filled—and how we make it as simple and supportive as possible.

#### Filling a specialty prescription

When you're managing a complex condition, getting your medication from the same place you get your care just makes sense.

That's why many specialty prescriptions can be filled at local pharmacies located inside the hospital or clinic where you're being treated. These pharmacies offer:

- ✓ Faster access to your medication
- ✓ Help from a pharmacist who knows your care team
- ✓ A simpler experience with fewer steps



# How LucyRx Helps You Save

We know medications can be expensive. That's why we look for ways to help you save—before you even ask.

Our Care Guides are here to help you save in ways you might not expect. If there's a better option for your medication, we'll reach out to walk you through the next step. And it's not just for specialty drugs—we help members save across all types of prescriptions, too.

Here are just a few of the ways we help members lower their costs:

**We help you switch to a lower-cost version of your medication—when it makes sense**

If there's a safe alternative—like a generic or another option that works the same but costs less—we'll explain your choices and help you make the switch without disrupting your care.

**We help with copay discounts**

You may qualify for a coupon or manufacturer program that lowers your cost. We'll handle the paperwork and get you enrolled.

**We look into pharmacy options—even international**

For certain medications, we may be able to help you access lower-cost pricing through trusted pharmacies outside the U.S.

**We connect you to free medicine programs**

If a medication is too expensive—even with insurance—we'll check if you qualify for programs that cover the full cost.

**Not sure if you're paying too much? We'll check for savings—and help you make the switch if there's a better option.**



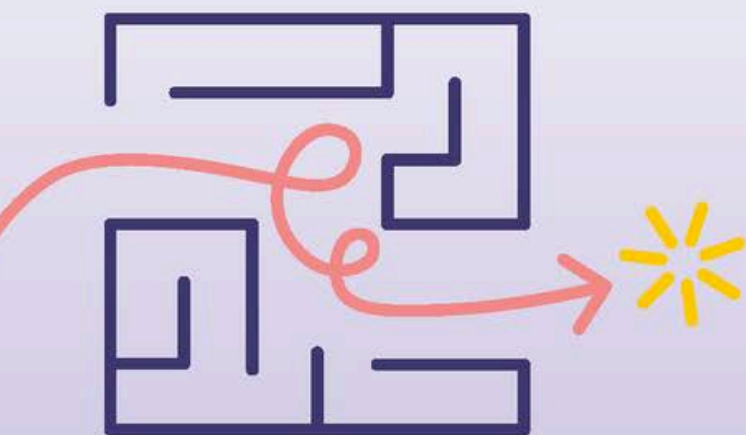


## We're With You All the Way

Whether it's your first prescription or your fiftieth, LucyRx is here to make prescription care clearer, more affordable, and built around you.

Need a hand? We've got you.

Whether it's cost, access, or something unclear—we'll help you sort it out, every time.



[www.lucyrx.com/members](http://www.lucyrx.com/members)  
877-860-8846



# Virtual Urgent Care

## Getting Started

### INTRODUCTION

Access board-certified physicians 24/7, 365 days a year for urgent medical needs. Doctors will discuss your symptoms, confirm a diagnosis, and prescribe any needed medication. Video and telephone-based visits are available, with an average wait time of just ten minutes.

**Consult Fee: \$0**

### HOW TO ACCESS

**01**

Sign up with the Recuro Care app or visit the webpage below to access:  
["member.recurohealth.com"](https://member.recurohealth.com)

**02**

Enter your employer member ID

**03**

Create your username and password

**04**

Complete your medical history

**05**

Schedule your consult

\*Registering your account is not required to use the service, you can call 855.6RECURO anytime for 24/7 access to doctors.



## Example Conditions Treated

- Acne / Rash
- Allergies
- Cold / Flu
- GI Issues
- Ear Problems
- Fever
- Insect Bites
- Nausea
- Pink Eye
- Respiratory
- UTI's
- And More...





# Virtual Therapy

## Getting Started

### INTRODUCTION

Receive comprehensive therapy and counseling from Recuro's Clinical Social Workers and Marriage & Family Therapists. Your therapist will work with you to reach your emotional wellness goals, developing a personalized plan and tracking progress over time.

### HOW TO ACCESS

01

Sign up with the Recuro Care app or visit the webpage below to access:  
["member.recurohealth.com"](https://member.recurohealth.com)

02

Enter your employer member ID

03

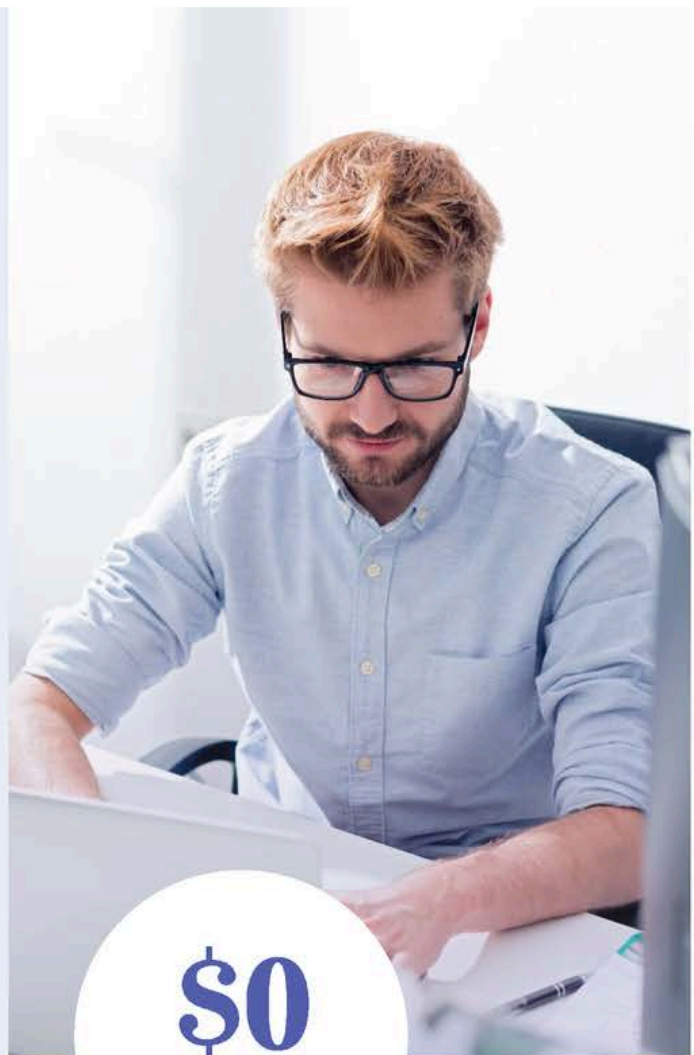
Create your username and password

04

Complete intake and wellness assessment

05

Schedule your consult



# \$0

Consults

## Example Conditions Treated

- Anger Mgmt
- Anxiety
- Bipolar
- Depression
- Eating Disorder
- Sleep Disorder
- Addiction
- Substances
- Grief / Loss
- PTSD
- OCD
- And More...

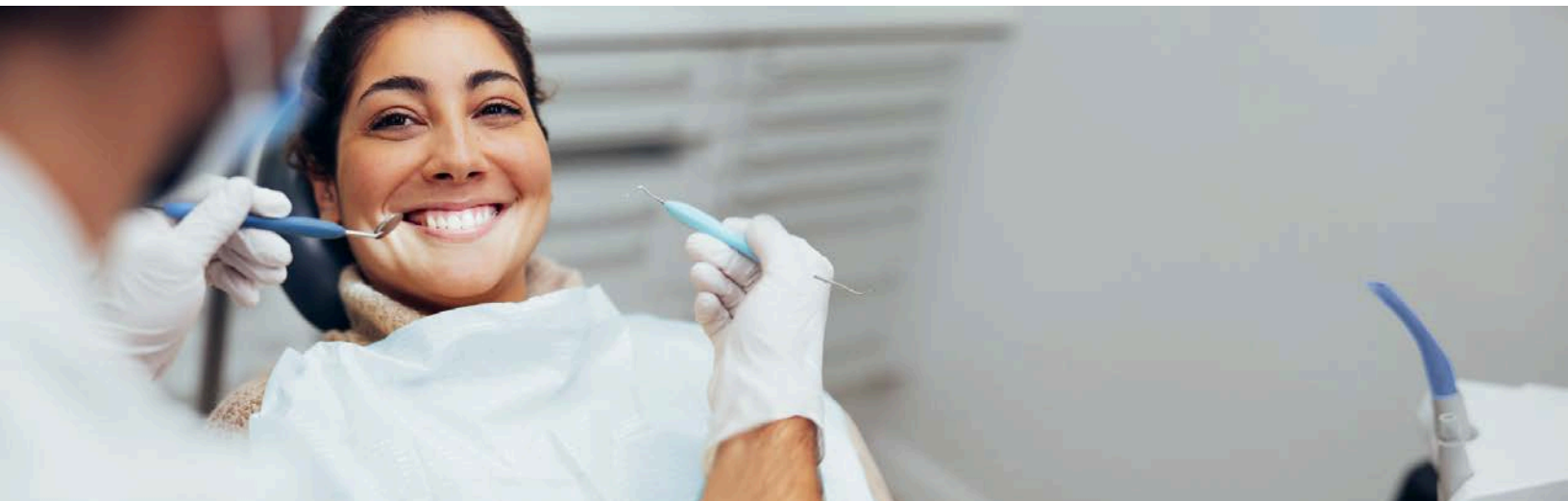


[customerservice@recurohealth.com](mailto:customerservice@recurohealth.com) | 855.6RECURO | Scan QR Code to Download



# Dental Insurance

## Plan Choices



Ameritas | [www.ameritas.com](http://www.ameritas.com) | 800-487-5553

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

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

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



### Dental Plan Summary

Effective Date: 9/1/2025

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

### Orthodontia Summary - Child Only Coverage

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

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

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

### Monthly Rates

<b>Employee Only (EE)</b>	\$36.61
<b>EE + Family</b>	\$107.76

### Ameritas Information

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

Ameritas | [www.ameritas.com](http://www.ameritas.com) | 800-487-5553

### Dental Network Information

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

### Dental Network

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

# Vision Insurance

Ameritas | [www.ameritas.com](http://www.ameritas.com) | 800-487-5553

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

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

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

Vision Monthly Premium	
Employee Only	\$7.03
Employee + One	\$12.04
Employee + Family	\$18.72



### Vision Plan Summary

Effective Date: 9/1/2025

	VSP Choice Network + Affiliates	Out of Network
<b>Deductibles</b>		
	\$10 Exam	\$10 Exam
<b>Annual Eye Exam</b>	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames
<b>Lenses (per pair)</b>	Covered in full	Up to \$45
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
<b>Contacts</b>		
Fit & Follow Up Exams	Member cost up to \$60	No benefit
Elective	Up to \$130	Up to \$105
Medically Necessary	Covered in full	Up to \$210
<b>Frame Allowance</b>	\$130**	Up to \$70
<b>Frequencies (months)</b>		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on date of service	Based on date of service

\*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

\*\*The Costco and Walmart allowance will be the wholesale equivalent.

### Lens Options (member cost)\*

	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
<b>Progressive Lenses</b>		
Standard	\$55	Up to Lined Bifocal allowance.
Premium	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
<b>Std. Polycarbonate</b>	Covered in full for dependent children	No benefit
<b>Solid Plastic Dye</b>	\$33 adults	
	\$15	No benefit
	(except Pink I & II)	
<b>Plastic Gradient Dye</b>	\$17	No benefit
<b>Photochromatic Lenses</b>	\$31-\$82	No benefit
(Glass & Plastic)		
<b>Scratch Resistant Coating</b>	\$17-\$33	No benefit
<b>Anti-Reflective Coating</b>	\$43-\$85	No benefit
<b>Ultraviolet Coating</b>	\$16	No benefit

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

### Monthly Rates

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



# Flexible Spending Accounts

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com)  
1.866.853.3539 P.O. Box 161968 | Altamonte Springs, FL 32716

## Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$660 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$660 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$660 will be forfeited under the use-it-or-lose-it rule.

**Your maximum contribution amount for 2025 is \$3,300.**

### 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

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 1.866.853.3539  
P.O. Box 161968 | Altamonte Springs, FL 32716

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

## Health Savings Account Highlights

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

## Who Can Participate in an HSA?

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

	2025	2026
HSA Contribution Limits	<ul style="list-style-type: none"><li>• Self: \$4,300</li><li>• Family: \$8,550</li></ul>	<ul style="list-style-type: none"><li>• Self Only: \$4,400</li><li>• Family: \$8,750</li></ul>
Health Insurance Deductible Limits	<ul style="list-style-type: none"><li>• Self Only: \$1,650</li><li>• Family: \$3,300</li></ul>	<ul style="list-style-type: none"><li>• Self Only: \$1,700</li><li>• Family: \$3,400</li></ul>

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

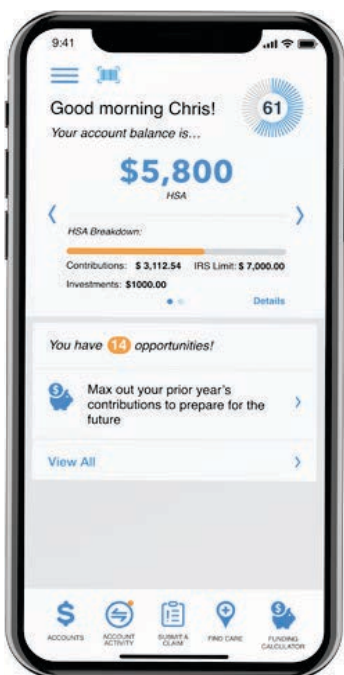
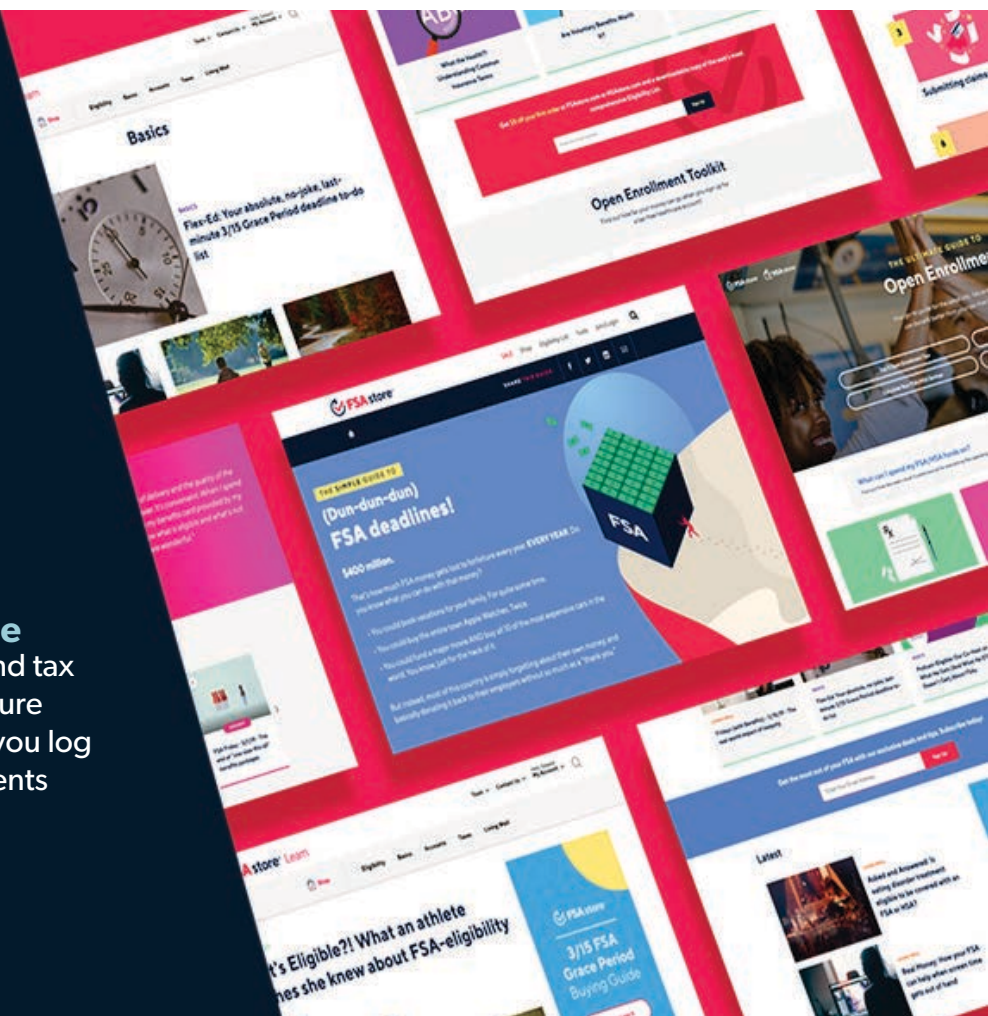
# FSA & HSA Resources

## Benefits Card

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

## View Your Account Details Online

Sign up to view your account balance, find tax forms and check claims status on our secure website. Log in at [www.ffga.com](http://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.





# Term Life & AD&D

## Employer-Paid & Voluntary

Blue Cross Blue Shield | [www.bcbstx.com/ancillary](http://www.bcbstx.com/ancillary) | 800-555-5555

### Employer-Paid Term Life & AD&D Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$20,000. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

### Voluntary Term Life Insurance

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



# Texas Life

## Permanent Life



Texas Life | [www.texaslife.com](http://www.texaslife.com) | 800-283-9233

### **Texas Life Insurance - Permanent, Portable Life Insurance**

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

#### **Texas Life - Permanent Life Highlights**

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





# WOW!

## LIFE INSURANCE YOU CAN KEEP!

### LIFE INSURANCE HIGHLIGHTS

For the employee

PURELIFE-PLUS



IT'S AFFORDABLE  
YOU OWN IT



YOU CAN TAKE IT  
WITH YOU WHEN YOU  
CHANGE JOBS OR RETIRE



YOU CAN COVER YOUR SPOUSE, CHILDREN  
AND GRANDCHILDREN, TOO<sup>1</sup>



YOU CAN GET A LIVING BENEFIT IF YOU  
BECOME TERMINALLY ILL<sup>2</sup>



YOU PAY FOR IT THROUGH CONVENIENT  
PAYROLL DEDUCTIONS: NO CHECKS TO  
WRITE OR LINKS TO CLICK



YOU CAN GET CASH TO COVER  
LIVING EXPENSES IF YOU BECOME  
CHRONICALLY ILL<sup>3</sup>



YOU CAN QUALIFY BY ANSWERING JUST 3 QUESTIONS - NO EXAM OR NEEDLES

During the last six months, has the proposed insured:

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



**TEXASLIFE** INSURANCE  
COMPANY  
Since 1901 | 900 WASHINGTON | POST OFFICE BOX 830 | WACO, TEXAS 76703-0830



# ADDITIONAL POLICY BENEFITS

## Accelerated Death Benefit Due to Chronic Illness Rider

Optional for employees at an additional cost, this valuable living benefit can help offset the unplanned expense of care should the insured be faced with a disabling chronic illness or serious cognitive impairment.

Here's how it works:

- If you're no longer able to perform any two of the six activities of daily living (eating, bathing, dressing, toileting, transferring, maintaining continence) or if you suffer serious cognitive impairment, you can receive a living benefit.<sup>4</sup>
  - Example: You own a \$100,000 Texas Life insurance policy with the Chronic Illness rider. A medical professional certifies that you can no longer perform 2 of the 6 activities or have suffered serious cognitive impairment, you can receive \$92,000 minus a \$150 processing fee.<sup>3</sup>
- The money is yours to do with as you choose: you do not have to go to a nursing home, convalescent center or receive home health care to receive the cash.
- The cost to add this valuable living benefit to your life insurance policy is minimal – just 10% of the policy's base premium.

*For pennies a day, you can get both a living benefit, should you need it, and a death benefit if you don't.*

<sup>1</sup> Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.

<sup>2</sup> Conditions apply. See rider for details. Form ICC07-ULABR-07 or Form Series ULABR-07.

<sup>3</sup> The Accelerated Death Benefit Rider for Chronic Illness is available for an additional cost for employees only. This rider pays 92% of the insurance proceeds less a \$150 administration fee (\$100 in FL) in lieu of the benefit payable at death. Conditions apply. Any outstanding loans will reduce the cash value and death benefit. Contract Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15.

<sup>4</sup> Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.



DO NOT CROSS

## Accidental Death Benefit Rider

Included in the contract at the option of your employer, the Accidental Death Benefit Rider covers all employees and spouses between the ages of 17-59.<sup>6</sup> This rider costs \$0.08 per thousand of the face amount per month and pays the insured's beneficiary double the death benefit if the insured dies within 180 days of an accident from injuries incurred in that accident (90 days in DE, FL, ND, and SD).<sup>7</sup> The benefit is payable through the insured's age 65. Maximum in-force limits and exclusions apply. See the complete list of exceptions to coverage on the following page.

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*According to the Center for  
Disease Control, accidents  
are the third leading cause  
of death in the U.S.<sup>5</sup>*

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<sup>5</sup> Heron, Melonie, PhD. "Deaths: Leading Causes for 2017." National Vital Statistics Reports, Volume 68, Number 6, June 24, 2019.

<sup>6</sup> Available to children and grandchildren at issue age 17-26.

<sup>7</sup> Rider details vary by state. Conditions apply. See contract for complete coverage description. Form ICC07-ULABR-07 or Form Series ULABR-07



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

Issue Age (ALB)	<b>Monthly Premiums for Life Insurance Face Amounts Shown</b> Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									<b>GUARANTEED PERIOD</b> Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	75
21-22		13.33	24.40	35.48	46.55	68.70	90.85	113.00	135.15	74
23		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	75
24-25		13.88	25.50	37.13	48.75	72.00	95.25	118.50	141.75	74
26		14.43	26.60	38.78	50.95	75.30	99.65	124.00	148.35	75
27-28		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	74
29		14.98	27.70	40.43	53.15	78.60	104.05	129.50	154.95	74
30-31		15.25	28.25	41.25	54.25	80.25	106.25	132.25	158.25	73
32		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	74
33		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	74
34		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	75
35		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	76
36		19.10	35.95	52.80	69.65	103.35	137.05	170.75	204.45	76
37		19.93	37.60	55.28	72.95	108.30	143.65	179.00	214.35	77
38		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	77
39		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	78
40	10.75	23.50	44.75	66.00	87.25	129.75	172.25	214.75	257.25	79
41	11.52	25.43	48.60	71.78	94.95	141.30	187.65	234.00	280.35	80
42	12.40	27.63	53.00	78.38	103.75	154.50	205.25	256.00	306.75	81
43	13.17	29.55	56.85	84.15	111.45	166.05	220.65	275.25	329.85	82
44	13.94	31.48	60.70	89.93	119.15	177.60	236.05	294.50	352.95	83
45	14.71	33.40	64.55	95.70	126.85	189.15	251.45	313.75	376.05	83
46	15.59	35.60	68.95	102.30	135.65	202.35	269.05	335.75	402.45	84
47	16.36	37.53	72.80	108.08	143.35	213.90	284.45	355.00	425.55	84
48	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	85
49	18.12	41.93	81.60	121.28	160.95	240.30	319.65	399.00	478.35	85
50	19.22	44.68	87.10	129.53	171.95					86
51	20.54	47.98	93.70	139.43	185.15					87
52	21.97	51.55	100.85	150.15	199.45					88
53	23.07	54.30	106.35	158.40	210.45					88
54	24.17	57.05	111.85	166.65	221.45					88
55	25.38	60.08	117.90	175.73	233.55					89
56	26.48	62.83	123.40	183.98	244.55					89
57	27.80	66.13	130.00	193.88	257.75					89
58	29.01	69.15	136.05	202.95	269.85					89
59	30.33	72.45	142.65	212.85	283.05					89
60	31.18	74.58	146.90	219.23	291.55					90
61	32.61	78.15	154.05	229.95	305.85					90
62	34.37	82.55	162.85	243.15	323.45					90
63	36.13	86.95	171.65	256.35	341.05					90
64	38.00	91.63	181.00	270.38	359.75					90
65	40.09	96.85	191.45	286.05	380.65					90
66	42.40									90
67	44.93									91
68	47.68									91
69	50.43									91
70	53.29									91

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



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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1				9.25					16.25	81
2-4				9.50					16.75	80
5-8				9.75					17.25	79
9-10				10.00					17.75	79
11-16				10.25					18.25	77
17-20				12.25	14.25	16.25	18.25	20.25	22.25	75
21-22				12.50	14.55	16.60	18.65	20.70	22.75	74
23				12.75	14.85	16.95	19.05	21.15	23.25	75
24-25				13.00	15.15	17.30	19.45	21.60	23.75	74
26				13.50	15.75	18.00	20.25	22.50	24.75	75
27-28				13.75	16.05	18.35	20.65	22.95	25.25	74
29				14.00	16.35	18.70	21.05	23.40	25.75	74
30-31				14.25	16.65	19.05	21.45	23.85	26.25	73
32				15.00	17.55	20.10	22.65	25.20	27.75	74
33				15.50	18.15	20.80	23.45	26.10	28.75	74
34				16.25	19.05	21.85	24.65	27.45	30.25	75
35		11.25	14.25	17.25	20.25	23.25	26.25	29.25	32.25	76
36		11.55	14.65	17.75	20.85	23.95	27.05	30.15	33.25	76
37		12.00	15.25	18.50	21.75	25.00	28.25	31.50	34.75	77
38		12.45	15.85	19.25	22.65	26.05	29.45	32.85	36.25	77
39		13.20	16.85	20.50	24.15	27.80	31.45	35.10	38.75	78
40	10.05	13.95	17.85	21.75	25.65	29.55	33.45	37.35	41.25	79
41	10.75	15.00	19.25	23.50	27.75	32.00	36.25	40.50	44.75	80
42	11.55	16.20	20.85	25.50	30.15	34.80	39.45	44.10	48.75	81
43	12.25	17.25	22.25	27.25	32.25	37.25	42.25	47.25	52.25	82
44	12.95	18.30	23.65	29.00	34.35	39.70	45.05	50.40	55.75	83
45	13.65	19.35	25.05	30.75	36.45	42.15	47.85	53.55	59.25	83
46	14.45	20.55	26.65	32.75	38.85	44.95	51.05	57.15	63.25	84
47	15.15	21.60	28.05	34.50	40.95	47.40	53.85	60.30	66.75	84
48	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	85
49	16.75	24.00	31.25	38.50	45.75	53.00	60.25	67.50	74.75	85
50	17.75	25.50	33.25	41.00						86
51	18.95	27.30	35.65	44.00						87
52	20.25	29.25	38.25	47.25						88
53	21.25	30.75	40.25	49.75						88
54	22.25	32.25	42.25	52.25						88
55	23.35	33.90	44.45	55.00						89
56	24.35	35.40	46.45	57.50						89
57	25.55	37.20	48.85	60.50						89
58	26.65	38.85	51.05	63.25						89
59	27.85	40.65	53.45	66.25						89
60	28.55	41.70	54.85	68.00						90
61										90
62										90
63										90
64										90
65										90
66										90
67										91
68										91
69										91
70										91

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

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

Issue Age (ALB)	<b>Monthly Premiums for Life Insurance Face Amounts Shown</b> Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									<b>GUARANTEED PERIOD</b> Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	71
21-22		19.38	36.50	53.63	70.75	105.00	139.25	173.50	207.75	71
23		20.20	38.15	56.10	74.05	109.95	145.85	181.75	217.65	72
24-25		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	71
26		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	72
27-28		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	71
29		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	71
30-31		24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	72
32		25.70	49.15	72.60	96.05	142.95	189.85	236.75	283.65	72
33		25.98	49.70	73.43	97.15	144.60	192.05	239.50	286.95	72
34		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	71
35		28.18	54.10	80.03	105.95	157.80	209.65	261.50	313.35	72
36		29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	72
37		30.93	59.60	88.28	116.95	174.30	231.65	289.00	346.35	73
38		31.75	61.25	90.75	120.25	179.25	238.25	297.25	356.25	73
39		33.95	65.65	97.35	129.05	192.45	255.85	319.25	382.65	74
40	16.14	36.98	71.70	106.43	141.15	210.60	280.05	349.50	418.95	76
41	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	77
42	18.34	42.48	82.70	122.93	163.15	243.60	324.05	404.50	484.95	78
43	19.88	46.33	90.40	134.48	178.55	266.70	354.85	443.00	531.15	80
44	20.65	48.25	94.25	140.25	186.25	278.25	370.25	462.25	554.25	80
45	21.75	51.00	99.75	148.50	197.25	294.75	392.25	489.75	587.25	81
46	22.63	53.20	104.15	155.10	206.05	307.95	409.85	511.75	613.65	81
47	23.73	55.95	109.65	163.35	217.05	324.45	431.85	539.25	646.65	82
48	24.72	58.43	114.60	170.78	226.95	339.30	451.65	564.00	676.35	82
49	26.15	62.00	121.75	181.50	241.25	360.75	480.25	599.75	719.25	83
50	27.36	65.03	127.80	190.58	253.35					83
51	28.57	68.05	133.85	199.65	265.45					83
52	30.33	72.45	142.65	212.85	283.05					84
53	31.87	76.30	150.35	224.40	298.45					85
54	33.30	79.88	157.50	235.13	312.75					85
55	34.84	83.73	165.20	246.68	328.15					85
56	36.60	88.13	174.00	259.88	345.75					85
57	38.36	92.53	182.80	273.08	363.35					86
58	40.23	97.20	192.15	287.10	382.05					86
59	42.10	101.88	201.50	301.13	400.75					86
60	43.28	104.83	207.40	309.98	412.55					86
61	45.81	111.15	220.05	328.95	437.85					86
62	48.23	117.20	232.15	347.10	462.05					87
63	50.65	123.25	244.25	365.25	486.25					87
64	53.07	129.30	256.35	383.40	510.45					87
65	55.71	135.90	269.55	403.20	536.85					87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									89

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



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

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	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20				17.25	20.25	23.25	26.25	29.25	32.25	71
21-22				18.00	21.15	24.30	27.45	30.60	33.75	71
23				18.75	22.05	25.35	28.65	31.95	35.25	72
24-25				19.25	22.65	26.05	29.45	32.85	36.25	71
26				19.75	23.25	26.75	30.25	33.75	37.25	72
27-28				20.25	23.85	27.45	31.05	34.65	38.25	71
29				20.50	24.15	27.80	31.45	35.10	38.75	71
30-31				23.00	27.15	31.30	35.45	39.60	43.75	72
32				23.75	28.05	32.35	36.65	40.95	45.25	72
33				24.00	28.35	32.70	37.05	41.40	45.75	72
34				24.25	28.65	33.05	37.45	41.85	46.25	71
35		16.50	21.25	26.00	30.75	35.50	40.25	45.00	49.75	72
36		16.95	21.85	26.75	31.65	36.55	41.45	46.35	51.25	72
37		18.00	23.25	28.50	33.75	39.00	44.25	49.50	54.75	73
38		18.45	23.85	29.25	34.65	40.05	45.45	50.85	56.25	73
39		19.65	25.45	31.25	37.05	42.85	48.65	54.45	60.25	74
40	14.95	21.30	27.65	34.00	40.35	46.70	53.05	59.40	65.75	76
41	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	77
42	16.95	24.30	31.65	39.00	46.35	53.70	61.05	68.40	75.75	78
43	18.35	26.40	34.45	42.50	50.55	58.60	66.65	74.70	82.75	80
44	19.05	27.45	35.85	44.25	52.65	61.05	69.45	77.85	86.25	80
45	20.05	28.95	37.85	46.75	55.65	64.55	73.45	82.35	91.25	81
46	20.85	30.15	39.45	48.75	58.05	67.35	76.65	85.95	95.25	81
47	21.85	31.65	41.45	51.25	61.05	70.85	80.65	90.45	100.25	82
48	22.75	33.00	43.25	53.50	63.75	74.00	84.25	94.50	104.75	82
49	24.05	34.95	45.85	56.75	67.65	78.55	89.45	100.35	111.25	83
50	25.15	36.60	48.05	59.50						83
51	26.25	38.25	50.25	62.25						83
52	27.85	40.65	53.45	66.25						84
53	29.25	42.75	56.25	69.75						85
54	30.55	44.70	58.85	73.00						85
55	31.95	46.80	61.65	76.50						85
56	33.55	49.20	64.85	80.50						85
57	35.15	51.60	68.05	84.50						86
58	36.85	54.15	71.45	88.75						86
59	38.55	56.70	74.85	93.00						86
60	39.55	58.20	76.85	95.50						86
61										86
62										87
63										87
64										87
65										87
66										88
67										88
68										88
69										88
70										89

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# Disability Insurance

American Fidelity | [www.americanfidelity.com](http://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

ESC Regions 1, 2 & 3



**AMERICAN FIDELITY**

a different opinion



*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 8th day of Disability due to a covered Injury or 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.
- Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 180 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

For the first 6 months you are disabled due to a covered disability and not working, we will pay the disability benefit described in the benefit schedule. After 6 months, your disability payment will be the disability benefit described in the benefit schedule less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

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

## Return To Work Incentives: Disabled and Working

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

### • Family Care Benefit

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

### • Worksite Accommodation

As a part of our 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 mean: chronic fatigue syndrome; fibromyalgia; any disease, disorder, accident or injury of the neck or back not resulting in hemiplegia, paraplegia, or quadriplegia; environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and self-reported symptoms. Self-reported symptoms are symptoms that the insured tells their physician that are not verifiable using tests, procedures or clinical examinations. Examples include: headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or loss of energy.

## Pre-Existing Condition Limitation

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 12 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 3 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 undecared.
- Injury sustained or Sickness contracted while in the service of the armed forces of any country.
- Committing a felony.
- Penal incarceration. We will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer.
- Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation.

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

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



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

LIMRA: 2015 Disability Insurance Awareness Month, May 2015.



# Benefit Policy Schedule

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

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$8.00	\$7.28	\$5.80	\$4.92	\$4.16	\$3.12
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$12.00	\$10.92	\$8.70	\$7.38	\$6.24	\$4.68
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$16.00	\$14.56	\$11.60	\$9.84	\$8.32	\$6.24
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$20.00	\$18.20	\$14.50	\$12.30	\$10.40	\$7.80
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$24.00	\$21.84	\$17.40	\$14.76	\$12.48	\$9.36
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$28.00	\$25.48	\$20.30	\$17.22	\$14.56	\$10.92
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$32.00	\$29.12	\$23.20	\$19.68	\$16.64	\$12.48
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$36.00	\$32.76	\$26.10	\$22.14	\$18.72	\$14.04
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$40.00	\$36.40	\$29.00	\$24.60	\$20.80	\$15.60
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$44.00	\$40.04	\$31.90	\$27.06	\$22.88	\$17.16
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$48.00	\$43.68	\$34.80	\$29.52	\$24.96	\$18.72
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$52.00	\$47.32	\$37.70	\$31.98	\$27.04	\$20.28
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$56.00	\$50.96	\$40.60	\$34.44	\$29.12	\$21.84
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$60.00	\$54.60	\$43.50	\$36.90	\$31.20	\$23.40
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$64.00	\$58.24	\$46.40	\$39.36	\$33.28	\$24.96
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$68.00	\$61.88	\$49.30	\$41.82	\$35.36	\$26.52
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$72.00	\$65.52	\$52.20	\$44.28	\$37.44	\$28.08
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$76.00	\$69.16	\$55.10	\$46.74	\$39.52	\$29.64
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$80.00	\$72.80	\$58.00	\$49.20	\$41.60	\$31.20
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$84.00	\$76.44	\$60.90	\$51.66	\$43.68	\$32.76
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$88.00	\$80.08	\$63.80	\$54.12	\$45.76	\$34.32
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$92.00	\$83.72	\$66.70	\$56.58	\$47.84	\$35.88
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$96.00	\$87.36	\$69.60	\$59.04	\$49.92	\$37.44
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$100.00	\$91.00	\$72.50	\$61.50	\$52.00	\$39.00
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$104.00	\$94.64	\$75.40	\$63.96	\$54.08	\$40.56
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$108.00	\$98.28	\$78.30	\$66.42	\$56.16	\$42.12
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$112.00	\$101.92	\$81.20	\$68.88	\$58.24	\$43.68
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$116.00	\$105.56	\$84.10	\$71.34	\$60.32	\$45.24
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$120.00	\$109.20	\$87.00	\$73.80	\$62.40	\$46.80
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$124.00	\$112.84	\$89.90	\$76.26	\$64.48	\$48.36
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$128.00	\$116.48	\$92.80	\$78.72	\$66.56	\$49.92
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$132.00	\$120.12	\$95.70	\$81.18	\$68.64	\$51.48
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$136.00	\$123.76	\$98.60	\$83.64	\$70.72	\$53.04
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$140.00	\$127.40	\$101.50	\$86.10	\$72.80	\$54.60
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$144.00	\$131.04	\$104.40	\$88.56	\$74.88	\$56.16
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$148.00	\$134.68	\$107.30	\$91.02	\$76.96	\$57.72
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$152.00	\$138.32	\$110.20	\$93.48	\$79.04	\$59.28

# Benefit Policy Schedule (continued)

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

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums					
			Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$156.00	\$141.96	\$113.10	\$95.94	\$81.12	\$60.84
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$160.00	\$145.60	\$116.00	\$98.40	\$83.20	\$62.40
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$164.00	\$149.24	\$118.90	\$100.86	\$85.28	\$63.96
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$168.00	\$152.88	\$121.80	\$103.32	\$87.36	\$65.52
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$172.00	\$156.52	\$124.70	\$105.78	\$89.44	\$67.08
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$176.00	\$160.16	\$127.60	\$108.24	\$91.52	\$68.64
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$180.00	\$163.80	\$130.50	\$110.70	\$93.60	\$70.20
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$184.00	\$167.44	\$133.40	\$113.16	\$95.68	\$71.76
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$188.00	\$171.08	\$136.30	\$115.62	\$97.76	\$73.32
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$192.00	\$174.72	\$139.20	\$118.08	\$99.84	\$74.88
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$196.00	\$178.36	\$142.10	\$120.54	\$101.92	\$76.44
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$200.00	\$182.00	\$145.00	\$123.00	\$104.00	\$78.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$204.00	\$185.64	\$147.90	\$125.46	\$106.08	\$79.56
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$208.00	\$189.28	\$150.80	\$127.92	\$108.16	\$81.12
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$212.00	\$192.92	\$153.70	\$130.38	\$110.24	\$82.68
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$216.00	\$196.56	\$156.60	\$132.84	\$112.32	\$84.24
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$220.00	\$200.20	\$159.50	\$135.30	\$114.40	\$85.80
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$224.00	\$203.84	\$162.40	\$137.76	\$116.48	\$87.36
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$228.00	\$207.48	\$165.30	\$140.22	\$118.56	\$88.92
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$232.00	\$211.12	\$168.20	\$142.68	\$120.64	\$90.48
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$236.00	\$214.76	\$171.10	\$145.14	\$122.72	\$92.04
\$8,572.00 - \$8,713.99	\$6,000.00	\$20,000.00	\$240.00	\$218.40	\$174.00	\$147.60	\$124.80	\$93.60
\$8,714.00 - \$8,856.99	\$6,100.00	\$20,000.00	\$244.00	\$222.04	\$176.90	\$150.06	\$126.88	\$95.16
\$8,857.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$248.00	\$225.68	\$179.80	\$152.52	\$128.96	\$96.72
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$252.00	\$229.32	\$182.70	\$154.98	\$131.04	\$98.28
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$256.00	\$232.96	\$185.60	\$157.44	\$133.12	\$99.84
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$260.00	\$236.60	\$188.50	\$159.90	\$135.20	\$101.40
\$9,429.00 - \$9,570.99	\$6,600.00	\$20,000.00	\$264.00	\$240.24	\$191.40	\$162.36	\$137.28	\$102.96
\$9,571.00 - \$9,713.99	\$6,700.00	\$20,000.00	\$268.00	\$243.88	\$194.30	\$164.82	\$139.36	\$104.52
\$9,714.00 - \$9,856.99	\$6,800.00	\$20,000.00	\$272.00	\$247.52	\$197.20	\$167.28	\$141.44	\$106.08
\$9,857.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$276.00	\$251.16	\$200.10	\$169.74	\$143.52	\$107.64
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$280.00	\$254.80	\$203.00	\$172.20	\$145.60	\$109.20
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$284.00	\$258.44	\$205.90	\$174.66	\$147.68	\$110.76
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$288.00	\$262.08	\$208.80	\$177.12	\$149.76	\$112.32
\$10,429.00 - \$10,570.99	\$7,300.00	\$20,000.00	\$292.00	\$265.72	\$211.70	\$179.58	\$151.84	\$113.88
\$10,571.00 - \$10,713.99	\$7,400.00	\$20,000.00	\$296.00	\$269.36	\$214.60	\$182.04	\$153.92	\$115.44
\$10,714.00 - \$10,856.99	\$7,500.00	\$20,000.00	\$300.00	\$273.00	\$217.50	\$184.50	\$156.00	\$117.00

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



# Benefit Riders and Limitations

## Hospital Indemnity Limited Benefit Rider

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

### Summary of Hospital Indemnity Limited Benefit Rider Benefits:

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

Hospital Indemnity Limited Benefit Rider	
Daily Benefit Amount	Monthly Premium
\$100.00	\$6.00
\$150.00	\$9.00

## Spousal Accident Only Disability Benefit Rider

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

### Summary of Accident Only Spousal Benefit Rider Benefits:

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

Spousal Accident Only Disability Benefit Rider		
Monthly Benefit Amount	Annual Salary	Monthly Premium
\$500.00	up to \$10,000.00	\$4.00
\$1,000.00	\$10,001.00 - \$20,000.00	\$8.00
\$1,500.00	\$20,001.00 - \$30,000.00	\$12.00
\$2,000.00	\$30,001.00 and over.	\$16.00

## COBRA Funding Rider

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

### Summary of COBRA Funding Rider Benefits:

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

COBRA Funding Rider	
Monthly Benefit Amount	Monthly Premium
\$300.00	\$4.50
\$600.00	\$9.00

## Survivor Benefit Rider

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

### Summary of Survivor Benefit Rider Benefits:

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

Survivor Benefit Rider	
Monthly Benefit Amount	Monthly Premium
\$2,000.00	\$6.80

## Critical Illness Benefit Rider

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

### Summary of Critical Illness Benefit Rider Benefits:

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

Critical Illness Benefit Rider	
Benefit Amount	Monthly Premium
\$10,000.00	\$9.80
\$15,000.00	\$13.18
\$20,000.00	\$16.56
\$25,000.00	\$19.94

# Cancer Insurance

## Plan Options



American Fidelity | [www.americanfidelity.com](http://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.





## 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.

## AF™ Group Cancer Insurance

## 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.

## Monthly Premium

	BASIC	ENHANCED PLUS
Individual	\$15.80	\$31.62
Family	\$26.86	\$53.80

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



# Hospital Indemnity Insurance

Aetna | [www.aetna.com](https://www.aetna.com) | 800-607-3366

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

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

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





# Peace of mind

**Aetna® Hospital Indemnity Plan**  
Coverage that works with your health plan

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**aetna®**

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

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

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# Protection when it's most needed

Whether it's planned or unplanned, hospital stay costs can add up quickly.

That's why we offer the Aetna Hospital Indemnity Plan. It helps your employees manage their costs and protect their savings, with cash benefits paid directly to them, no matter what other coverage they may have. So they can keep their focus on their recovery instead of financial burdens.

## Employees can use the cash to pay for things like:

- Medical expenses, deductibles or coinsurance
- Everyday expenses, such as mortgage payments, day care and other bills

## It's your choice

You can pay any percentage of the premium you choose.

Or you can opt for your employees to pay the full cost of the plan. It's all paid by convenient payroll deduction.

## Your plan, your way

Customize the Aetna Hospital Indemnity Plan to offer additional coverage that fits your benefits strategy:



### Choose

From four base plan options covering admission, daily care, ICU and more



### Mix and match

Optional inpatient and outpatient benefits packages



### Select add-ons

Including a health screening, employer facilities and building benefits (admission or daily)

### Your truly tailored plan

Fully portable, with the option to be health savings account (HSA) compatible.

# Claims made simple

It's easy for employees to submit claims under the Aetna Hospital Indemnity Plan. And, when they're enrolled in one of our medical plans, we can reduce the paperwork needed to process their claims.



Viewing claims and finding detailed plan documents is easy through our member website. Employees can access their plan information online with their same medical log-in or by signing up through **aetna.com**.

## Gain flexibility and get a great deal

Teaming up with us for hospital indemnity coverage has its advantages, including:

- Waived participation requirements with active engagement
- Freedom to use any enrollment platform
- Flexible billing options
- Customized member communications support
- Discounts for bundling medical and/or dental with our supplemental products
- Dedicated implementation and account management team

## More member benefits, more savings

Employees who have the Aetna Hospital Indemnity Plan also get access to discounts and savings on many of our other products and services, including:

- Blood pressure monitors
- Weight-loss programs and meal plans
- Gym memberships
- Health and wellness products
- Eye care, hearing and dental products
- Books and magazine subscriptions from the American Cancer Society and Mayo Clinic online bookstores
- **Aetna Institutes™ Program** — access to high-performing hospitals, clinics and health care facilities that offer specialized care

\*Employees not enrolled in an Aetna medical plan will need to upload supporting documents.



# 457(b) Retirement Plans



TCG Services | [www.tcgservices.com](http://www.tcgservices.com) | 800-943-9179

A 457(b) plan is a Tax Deferred Retirement Plan available to employees of state and local governmental agencies, including public school employees. They are similar to 401(k) plans because they allow you to place a percentage of your salary into an employer-sponsored plan that helps you save for retirement. You will not have to pay taxes on what you contribute or your earnings made until you withdraw the money.

## Benefits

- Investment options: fixed annuities, variable annuities, or mutual funds
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan
- Receive periodic account statements
- No 10% federal penalty on interest or earnings for early withdrawal
- No current federal income taxes on the money you put into the plan until it is time to take withdrawals

Contribution Limits	
2024	2025
\$23,000	\$23,500
Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500.	

*All investing involves risk. Past performance is not a guarantee of future returns.*



# 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](http://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](http://www.tcgservices.com)

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

Service from your FFGA Account Rep  
Dedicated email address: [FFinvest@ffga.com](mailto:FFinvest@ffga.com)



# COBRA

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 800-523-8422, option 4

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

## COBRA Highlights

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

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



# Medicare & Age 65



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

## Questions to Consider Before Retiring

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

**Robert Dawson**  
**FFMS Coordinator**  
Cell: 281-889-9382

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

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

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



# Clever RX

Clever RX | <https://partner.cleverrx.com/ffga> | 800-873-1195

Clever RX helps you save money by using a prescription drug savings card. They partner with the healthcare community to bring state-of-the-art, money-savings tools to participants. It helps you save up to 80% off prescriptions drugs and often beats the average copay. Plus, it's completely free. Thanks to Clever RX, you will never overpay for prescriptions again!

*Use Clever RX every time you pay for a medication for instant savings!*



Download the app or visit the site to price a drug: <https://partner.cleverrx.com/ffga>.

## Clever RX Highlights

- 100% FREE to use.
- Unlock discounts on thousands of medications.
- Save up to 80% on prescription medication – Often beats your copay!
- Download the Clever RX app by using the information on your card to unlock exclusive savings at over 60,000 pharmacies nationwide.
- Available to use now!

# Contact Information

619 N. Live Oak | Rockport, TX 78382  
361-790-2212, ext. 8010 | 361-790-2302  
[www.rfisd.us](http://www.rfisd.us)

Edelia Trevino, Account Manager  
361-779-1041 | [edelia.trevino@ffga.com](mailto:edelia.trevino@ffga.com)

Product	Carrier	Website	Phone
Medical	UBC Cigna	<a href="http://www.ubc-benefits.com/rfisd">www.ubc-benefits.com/rfisd</a>	(888) 557-8550
Dental	Ameritas	<a href="http://www.ameritas.com">www.ameritas.com</a>	(800) 487-5553
Vision	Ameritas	<a href="http://www.ameritas.com">www.ameritas.com</a>	(800) 487-5553
Flexible Spending Accounts	FFGA FSA Department	<a href="http://ffa.wealthcareportal.com/page/home">ffa.wealthcareportal.com/page/home</a>	(866) 853-3539
Health Savings Accounts	FFGA HSA Department	<a href="http://ffa.wealthcareportal.com/page/home">ffa.wealthcareportal.com/page/home</a>	(866) 853-3539
Term Life & AD&D	Blue Cross Blue Shield	<a href="http://www.bcbstx.com/ancillary">www.bcbstx.com/ancillary</a>	(877) 442-4207
Disability	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	(800) 654-8489
Cancer	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	(800) 654-8489
Hospital Indemnity	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	(800) 607-3366
457(b) Retirement Plan	FFGA	<a href="http://www.ffga.com">www.ffga.com</a> <a href="mailto:retirement@ffga.com">retirement@ffga.com</a>	(800) 523-8422, option 2
FFINVEST	TCG Services	<a href="http://www.tcgservices.com">www.tcgservices.com</a>	(800) 943-9179
Medicare	FFMS	<a href="http://www.ffga.com/medicare-solutions">www.ffga.com/medicare-solutions</a>	(800) 523-8422
COBRA	FFGA	<a href="http://www.cobrapoint.benaissance.com">www.cobrapoint.benaissance.com</a>	(800) 523-8422, option 4
Prescription Drug Savings	Clever RX	<a href="http://www.partner.cleverrx.com/ffga">www.partner.cleverrx.com/ffga</a>	(800) 974-3135