

Jasper ISD

BENEFITS GUIDE

2022 - 2023 Plan Year

September 1, 2022 – August 31, 2023



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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

WHAT'S NEW & CHANGING

NEW FOR 2022-2023

Contact **Renee Garcia** in the Benefits office to schedule an appointment for enrollment assistance.

- New Accident Provider – Formerly MetLife - Now AETNA

ON/Off Job coverage

Waiver of Premium

Payable for accidental injuries including, medical imaging, surgeries, concussion, dislocations, fractures, hospital stays & More.

- New Critical Illness Provider – Formerly American Fidelity - Now AETNA

Tabacco /Non-Tobacco rates

HSA Compatible

Benefits paid to the employee



EMPLOYEE BENEFITS CENTER

YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

Jasper ISD and First Financial are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center site or scan the QR code below with your phone to see current benefit options, enrollment information, claims information, and important phone numbers.

ffbenefits.ffga.com/jasperisd



To enroll online, visit the link above or scan the QR code on the left. Then click the “How To Enroll” heading at the top.

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HOW TO ENROLL

ONLINE ENROLLMENT

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

HOW DO I LOGIN?

- Login: Your Employee ID or Social Security Number (no dashes)
- PIN (first login only): The last four digits of your Social Security Number and the last two digits of the year you were born (six digits total)
- New PIN: The first time you log in you will be required to change to a new PIN. Please note your new PIN because you will use the new PIN from that point forward.

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

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 qualified life event.*

QUALIFYING LIFE EVENTS INCLUDE:

Changes in household, including;

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

ON-SITE ENROLLMENT (August 16, 2022 – August 18, 2022)

When it’s time to enroll in your benefits, contact **Renee Garcia** in the Benefits department to make an appointment with your First Financial Account Representative.

ELIGIBILITY

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. Your New Hire Enrollment elections can be made online or over the phone. Your New Hire Enrollment elections will be made by contacting your First Financial benefits representative, Valerie Clinkscates at valerie.clinkscates@ffga.com or 281-272-7618 to make an appointment.

EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial Account Representative will be available on-site to assist you with making your elections. Your elections can be made anytime during annual enrollment online from your work or home computer, or in-person. *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 <https://ffbenefits.ffga.com/jasperisd/>.*

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.

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.**

Know your options

Jasper ISD provides a wide array of valuable benefits, from medical coverage to life insurance, dental plans and wellness programs.

Take your time. Study your options.

Everyone has different needs, health challenges, budgets, and goals. By choosing your options carefully, you and your family can get the coverage that fits your needs.

SECTION 125 PLANS

SECTION 125 PLAN INFORMATION AND 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
Taxable 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.*

FREQUENTLY ASKED QUESTIONS

WHAT IS GUARANTEE ISSUE (GI)?

Also referred to as Guaranteed Acceptance, GA, means that you can't be turned down for health reasons. Guaranteed Issue is typically offered during initial enrollment for benefits.

WHAT IS A "PRE-EXISTING CONDITION"?

A pre-existing condition is a disease or physical condition for which symptoms existed or medical advice or treatment was recommended or received prior to the effective date of coverage.

WHAT IS A DEDUCTIBLE?

A deductible is what you must pay for your health care before your insurance pays its part. Most plans have deductibles, which start over when you "PLAN YEAR" starts over. For example, if your plan has a \$1000 deductible and you have surgery that costs \$5,000, you'll pay \$1,000 before your insurer helps you cover your bills.

WHAT IS A CO-PAY OR CO-INSURANCE?

A copay is a small, fixed amount -often \$10 or \$30- that you pay for covered services like a prescription or a doctor's visit. Some health plans also apply coinsurance to certain services. With it, you pay a percentage of the total cost of care. For example, if you have a 20% coinsurance, and your doctor's appointment costs \$300, you will pay \$60, if you have met your deductible.

WHAT DOES OUT-OF-POCKET MAXIMUM MEAN?

Your out-of-pocket maximum is the most you have to pay each year toward your medical services or prescription drugs before your insurance pays for all of your care. This amount does not include what you pay in premiums. The Affordable Care Act limits the out-of-pocket maximums.

WHAT DOES EOB MEAN?

After you've visited your doctor or had a procedure in a hospital, you'll receive an Explanation of Benefits (EOB) form explaining how much of the charges your insurance will pay. The EOB isn't a bill itself, but it can tell you what your doctor may charge you. Look for the words "due from patient" to see how much you may owe after your insurance pays.

BEFORE YOU GET CERTAIN TESTS OR PROCEDURES, DO YOU NEED PERMISSION FROM YOUR HEALTH INSURANCE PLAN?

If your doctor says you need a test or procedure, your health plan may have to give permission if it is to be covered by insurance. Giving that permission is called preauthorization or referral. Your plan's overview of benefits lists what care needs to be preauthorized. If you don't get the preauthorization when it's required, your health plan will not pay its part of the costs.

MEDICAL

Blue Cross Blue Shield | www.bcbstx.com/trsactivecare | 1.866.355.5999

TRS ACTIVECARE – MEDICAL ENROLLMENT SUMMER 2022

The district's medical plans are offered through TRS. There are three medical plans to choose from. In and out-of-network options, 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.

ACTIVECARE PRIMARY

If you're currently in TRS-ActiveCare Primary and you make no change during Annual Enrollment, this will be your plan next year.

- Lower premium
- Copays for doctor visits before you meet deductible
- Statewide network
- ***PCP referrals required to see specialists***
- Not compatible with Health Savings Account (HSA)
- Compatible with Flexible Spending Account (FSA)
- No out-of-network coverage

ACTIVECARE HD

If you're currently in TRS-ActiveCare HD and you make no change during Annual Enrollment, this will be your plan next year.

- Lower premium
- Compatible with Health Savings Account (HSA) or Flexible Spending Account (FSA)
- Nationwide network with out-of-network coverage
- No requirement for PCPs or referrals
- Must meet deductible before plan pays for non-preventive care

ACTIVECARE PRIMARY+ (Primary Plus)

If you're currently in TRS-ActiveCare Primary+ and you make no changes during Annual Enrollment, this will be your plan next year.

- Lower deductible than HD and primary plans
- Copays for many services and drugs
- Higher premium
- Statewide network
- ***PCP referrals required to see specialists***
- Not compatible with a health savings account (HSA)
- Compatible with Flexible Spending Account (FSA)
- No out-of-network coverage

ACTIVECARE 2

If you're currently in TRS-ActiveCare 2, and you make no changes during Annual Enrollment, you will remain in TRS-ActiveCare 2 next year. ***This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.***

- Closed to new enrollees
- Copays for many drugs and services

MEDICAL

PRESCRIPTION BENEFITS

CVS Caremark | <https://info.caremark.com/trsactivecare> | 1.866.355.5999

WORKING COUPLES

If you and your spouse both work for Jasper ISD, each of you may have coverage, but only one of you can cover your eligible dependents. In addition, only one employee can enroll in life insurance on their spouse and dependent children.

If you have not received your cards, please call or log-into the BCBS website starting 9/1 to create an account and print temporary cards or request new ones. Please visit www.bcbstx.com/trsactivecare to get ID cards, search providers, and review plans further.

HOW TO LOCATE YOUR PCP:

Visit www.bcbstx.com/trsactivecare

Click "Doctors and Hospitals"

Select the desired medical plan

Enter your city/zip code

Select search criteria

Select your doctor and click "view profile" The 10-digit PCP ID will be located under the Doctor's name and begin with the letter H.

To identify your current doctors, specialists, or practitioners, visit the above BCBS website and follow the instructions. You may also contact Blue Cross Blue Shield via phone 866-355-5999.

TRS ACTIVECARE MEDICAL				
MONTHLY PREMIUM	PRIMARY	HD	PRIMARY+	AC2
EMPLOYEE ONLY	\$117	\$129	\$227	\$713
EMPLOYEE + SPOUSE	\$876	\$909	\$990	\$2,102
EMPLOYEE + CHILD(REN)	\$451	\$472	\$549	\$1,207
EMPLOYEE + FAMILY	\$1,105	\$1,145	\$1,322	\$2,541

These rates reflect your Jasper ISD Employer contribution of \$300. If you are paid twice monthly divide the above numbers by 2



2022-23 TRS-ActiveCare Plan Highlights

Sept. 1, 2022 – Aug. 31, 2023



How to Calculate Your Monthly Premium

- Total Monthly Premium
- ➔ Your District and State Contributions
- ➔ Your Premium

Ask your Benefits Administrator for your district's specific premiums.

All TRS-ActiveCare participants have **three plan options**. Each includes a wide range of wellness benefits.

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	<ul style="list-style-type: none"> • Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider (PCP) referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Lower deductible than the HD and Primary plans • Copays for many services and drugs • Higher premium • Statewide network • PCP referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage 	<ul style="list-style-type: none"> • Compatible with a Health Savings Account (HSA) • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals • Must meet your deductible before plan pays for non-preventive care

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$417	\$	\$527	\$	\$429	\$
Employee and Spouse	\$1,176	\$	\$1,290	\$	\$1,209	\$
Employee and Children	\$751	\$	\$849	\$	\$772	\$
Employee and Family	\$1,405	\$	\$1,622	\$	\$1,445	\$

Total Premium	Your Premium
\$1,013	\$
\$2,402	\$
\$1,507	\$
\$2,941	\$

TRS-ActiveCare 2

- Closed to new enrollees
- Current enrollees can choose to stay in plan
- Lower deductible
- Copays for many services and drugs
- Nationwide network with out-of-network coverage
- No requirement for PCPs or referrals

This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.

Being healthy is easy with:

- \$0 preventive care
- 24/7 customer service
- One-on-one health coaches
- Weight loss programs
- Nutrition programs
- Ovia™ pregnancy support
- TRS Virtual Health
- Mental health benefits
- And much more!

*Available for all plans. See the benefits guide for more details.

Things to Know

- TRS's Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specially drug insurance means you're covered, no matter what life throws at you.

Plan Features	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	\$2,500/\$5,000	\$1,200/\$3,600	\$3,000/\$6,000	\$5,500/\$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	\$8,150/\$16,300	\$6,900/\$13,800	\$7,050/\$14,100	\$20,250/\$40,500
Network	Statewide Network	Statewide Network	Nationwide Network	Nationwide Network
PCP Required	Yes	Yes	No	No

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	Nationwide Network
No	No

Doctor Visits	Primary Care	Specialist	Primary Care	Specialist
	\$30 copay	\$70 copay	\$30 copay	\$70 copay
	You pay 30% after deductible	You pay 30% after deductible	You pay 30% after deductible	You pay 50% after deductible

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

Immediate Care	Urgent Care	Emergency Care	TRS Virtual Health-RediMD™	TRS Virtual Health-Teladoc®
	\$50 copay	You pay 30% after deductible	\$0 per medical consultation	\$12 per medical consultation
	You pay 30% after deductible	You pay 20% after deductible	\$0 per medical consultation	\$12 per medical consultation

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	
\$0 per medical consultation	
\$12 per medical consultation	

Prescription Drugs	Drug Deductible	Integrated with medical	\$200 brand deductible	Integrated with medical
Generics (30-Day Supply/90-Day Supply)	\$15/\$45 copay; \$0 copay for certain generics		\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred Brand	You pay 30% after deductible		You pay 25% after deductible	You pay 25% after deductible
Non-preferred Brand	You pay 50% after deductible		You pay 50% after deductible	You pay 50% after deductible
Specialty	\$0 if PrudentRx eligible; You pay 30% after deductible		\$0 if PrudentRx eligible; You pay 30% after deductible	You pay 20% after deductible
Insulin Out-of-Pocket Costs	\$25 copay for 31-day supply; \$75 for 61-90 day supply		\$25 copay for 31-day supply; \$75 for 61-90 day supply	You pay 25% after deductible

\$200 brand deductible	
\$20/\$45 copay	
You pay 25% after deductible (\$40 min/\$80 max)/ You pay 25% after deductible (\$105 min/\$210 max)	
You pay 50% after deductible (\$100 min/\$200 max)/ You pay 50% after deductible (\$215 min/\$430 max)	
\$0 if PrudentRx eligible; You pay 30% after deductible (\$200 min/\$900 max)/ No 90-day supply of specialty medications	
\$25 copay for 31-day supply; \$75 for 61-90 day supply	

What's New and What's Changing



This table shows you the changes between 2021-22 statewide premium price and this year's 2022-23 regional price for your Education Service Center.

	2021-22 Total Premium	New 2022-23 Total Premium	Change in Dollar Amount
TRS-ActiveCare Primary	Employee Only	\$417	\$0
	Employee and Spouse	\$1,176	\$0
	Employee and Children	\$751	\$0
	Employee and Family	\$1,405	\$0
TRS-ActiveCare HD	Employee Only	\$429	\$0
	Employee and Spouse	\$1,209	\$0
	Employee and Children	\$772	\$0
	Employee and Family	\$1,445	\$0
TRS-ActiveCare Primary+	Employee Only	\$542	(\$15)
	Employee and Spouse	\$1,334	(\$44)
	Employee and Children	\$879	(\$30)
	Employee and Family	\$1,675	(\$53)
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$0
	Employee and Spouse	\$2,402	\$0
	Employee and Children	\$1,507	\$0
	Employee and Family	\$2,841	\$0

Key Plan Changes

- Member Rewards was expanded to include more than 100 new procedures
 - Copay for Teladoc® rose from \$0 to \$12
 - Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
- In-network maximum rose by \$50/individual, \$100/families
 - The Member Rewards program is now available for HD participants - Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses
 - Consult fee for Teladoc rose from \$30 to \$42
- Member Rewards was expanded to include more than 100 new procedures
 - Copay for Teladoc rose from \$0 to \$12
 - Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
- Copay for Teladoc rose from \$0 to \$12
 - Maximum out of pocket for insulin capped at \$25/31-day supply; \$75/61-90 day supply
 - This plan is still closed to new enrollees

At a Glance

	Primary	HD	Primary+
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2022

Compare Prices for Common Medical Services

REMEMBER:

Log into Blue Access for MembersSM at www.bcbstx.com/trsactivecare to use the cost estimator tool. This will help you find the best prices through different providers.

Benefit	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD		TRS-ActiveCare 2	
	In-Network Only	In-Network Only	In-Network	Out-of-Network	In-Network	Out-of-Network
Diagnostic Labs*	Office/Independent Lab: You pay \$0	Office/Independent Lab: You pay \$0	You pay 30% after deductible	You pay 50% after deductible	Office/Independent Lab: You pay \$0	You pay 40% after deductible
	Outpatient: You pay 30% after deductible	Outpatient: You pay 20% after deductible			Outpatient: You pay 20% after deductible	
High-Tech Radiology	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible + \$100 copay per procedure	You pay 40% after deductible + \$100 copay per procedure
Outpatient Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible	You pay 20% after deductible (\$150 facility copay per incident)	You pay 40% after deductible (\$150 facility copay per incident)
Inpatient Hospital Costs	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible (\$500 facility per day maximum)	You pay 20% after deductible (\$150 facility copay per day)	You pay 40% after deductible (\$500 facility per day maximum)
Freestanding Emergency Room	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 30% after deductible	You pay \$500 copay + 50% after deductible	You pay \$500 copay + 20% after deductible	You pay \$500 copay + 40% after deductible
Bariatric Surgery	Facility: You pay 30% after deductible	Facility: You pay 20% after deductible	Not Covered	Not Covered	Facility: You pay 20% after deductible (\$150 facility copay per day)	Not Covered
	Professional Services: You pay \$5,000 copay + 30% after deductible	Professional Services: You pay \$5,000 copay + 20% after deductible			Professional Services: You pay \$5,000 copay + 20% after deductible	
	Only covered if rendered at a BDC+ facility	Only covered if rendered at a BDC+ facility			Only covered if rendered at a BDC+ facility	
Annual Vision Exam (one per plan year; performed by an ophthalmologist or optometrist)	You pay \$70 copay	You pay \$70 copay	You pay 30% after deductible	You pay 50% after deductible	You pay \$70 copay	You pay 40% after deductible
Annual Hearing Exam (one per plan year)	\$30 PCP copay \$70 specialist copay	\$30 PCP copay \$70 specialist copay	You pay 30% after deductible	You pay 50% after deductible	\$30 PCP copay \$70 specialist copay	You pay 40% after deductible

**Pre-certification for genetic and specialty testing may apply. Contact a Personal Health Guide at 1-866-355-5999 with questions.*

www.trs.texas.gov

PRESCRIPTION DISCOUNTS

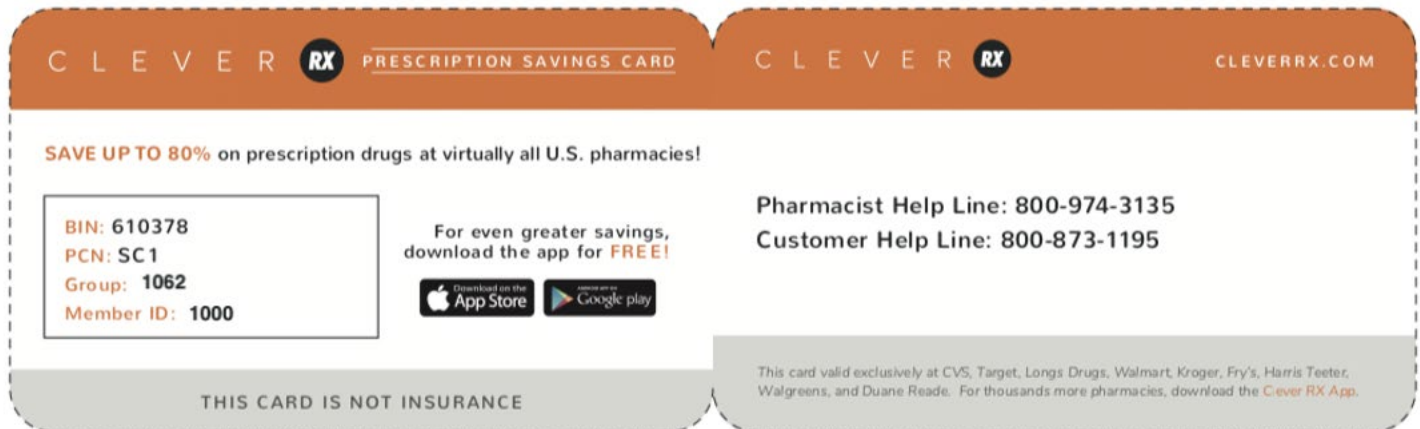
Clever RX | <https://partner.cleverrx.com/ffga> | 1.800.873.1195

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!

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 below to unlock exclusive savings at over 60,000 pharmacies nationwide.
- Available to use now!

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>.



DENTAL INSURANCE

Ameritas | www.ameritas.com | 1.800.487.5553

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
- Crowns
- Root Canals

DENTAL MONTHLY PREMIUMS		
	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$20.36	\$26.20
EMPLOYEE + SPOUSE	\$43.24	\$55.68
EMPLOYEE + CHILD(REN)	\$55.96	\$72.04
EMPLOYEE + FAMILY	\$76.32	\$98.26



Low Plan: Dental Plan Summary

Policy# 51068 Effective Date: 9/1/2022

Plan Benefit	
Type 1	100%
Type 2	50%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum (per person)	\$1,000 per calendar year
Allowance	Discounted Fee
Dental Rewards®	Included
Waiting Period	None

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Cleaning (2 per benefit period) • Fluoride for Children 13 and under (1 per benefit period) 	<ul style="list-style-type: none"> • Periapical X-rays • Sealants (age 13 and under) • Restorative Amalgams • Restorative Composites (anterior and posterior teeth) • Simple Extractions 	<ul style="list-style-type: none"> • Space Maintainers • Onlays • Crowns (1 in 8 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years) • Complex Extractions • Anesthesia

Monthly Rates

Employee Only (EE)	\$20.36
EE + Spouse	\$43.24
EE + Children	\$55.96
EE + Spouse & Children	\$76.32

Ameritas Information

We're Here to Help

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

Rx Savings

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

Eyewear Savings

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

Dental Rewards*

This dental plan includes a valuable feature that allows qualifying plan members to carryover part of their unused annual maximum. A member earns dental rewards by submitting at least one claim for dental expenses incurred during the benefit year, while staying at or under the threshold amount for benefits received for that year. In addition, a person earning dental rewards who submits a claim for services received through the dental contracted provider network earns an extra reward, called the PPO Bonus. Employees and their covered dependents may accumulate rewards up to the stated maximum carryover amount, and then use those rewards for any covered dental procedures subject to applicable coinsurance and plan provisions. If a plan member doesn't submit a dental claim during a benefit year, all accumulated rewards are lost. But he or she can begin earning rewards again the very next year.

Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
Annual PPO Bonus	\$150	Additional bonus is earned if the member sees a Contracted Provider
Maximum Carryover	\$1,000	Maximum possible accumulation for Dental Rewards and PPO Bonus combined

Dental Network Information

To find a provider, visit 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.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Open Enrollment

If a member does not elect to participate when initially eligible, the member may elect to participate at the policyholder's next enrollment period. This enrollment period will be held each year and those who elect to participate in this policy at that time will have their insurance become effective on September 1. If you do not enroll during your company's open enrollment period, then you will be subject to the Late Entrant Provision.

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal. Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan. The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

Worldwide Support

When our members travel abroad, they'll have peace of mind knowing that should a dental or vision need arise, help is just a phone call away. Through AXA Assistance, Ameritas offers its dental and vision plan members 24-hour access to dental or vision provider referrals when traveling outside the U.S. Immediately after a call is made to AXA, an assistance coordinator assesses the situation, provides credible provider referrals and can even assist with making the appointment. Within 48 hours following the appointment, the coordinator calls the member to find out if additional assistance is needed. If all is well, the case is closed. Then, the plan member may submit a claim to Ameritas for reimbursement consideration based on applicable plan benefits. Contact AXA Assistance USA toll free by calling 866-662-2731, or call collect from anywhere in the world by dialing 1-312-935-3727.

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.

High Plan: Dental Plan Summary

Policy #51068 Effective Date: 9/1/2022

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$50/Calendar Year Type 2 & 3 Waived Type 1 3 Family Maximum
Maximum (per person)	\$1,500 per calendar year
Allowance	U&C
Dental Rewards®	Included
Waiting Period	None

Orthodontia Summary - Child Only Coverage

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

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Cleaning (2 per benefit period) • Fluoride for Children 13 and under (1 per benefit period) 	<ul style="list-style-type: none"> • Periapical X-rays • Sealants (age 13 and under) • Restorative Amalgams • Restorative Composites (anterior and posterior teeth) • Simple Extractions 	<ul style="list-style-type: none"> • Space Maintainers • Onlays • Crowns (1 in 8 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years) • Complex Extractions • Anesthesia

Monthly Rates

Employee Only (EE)	\$26.20
EE + Spouse	\$55.68
EE + Children	\$72.04
EE + Spouse & Children	\$98.26

Ameritas Information

We're Here to Help

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Benefit Threshold	\$500	Dental benefits received for the year cannot exceed this amount
Annual Carryover Amount	\$250	Dental Rewards amount is added to the following year's maximum
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Open Enrollment

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Language Services

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VISION INSURANCE

Ameritas | www.ameritas.com | 1.800.487.5553

Proper vision care is essential to your overall wellbeing. 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 PREMIUMS	
EMPLOYEE ONLY	\$6.96
EMPLOYEE + SPOUSE	\$14.56
EMPLOYEE + CHILD(REN)	\$15.16
EMPLOYEE + FAMILY	\$19.44



Plan 1: Focus® Plan Summary

Policy# 51068 Effective Date: 9/1/2022

	VSP Choice Network + Affiliates	Out of Network
Deductibles	\$10 Exam \$25 Eye Glass Lenses or Frames*	\$10 Exam \$25 Eye Glass Lenses or Frames
Annual Eye Exam Lenses (per pair)	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
Contacts		
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
Frame Allowance	\$130**	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/12 Based on date of service	12/12/12 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
Progressive Lenses	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.
Std. Polycarbonate	Covered in full for dependent children \$33 adults	No benefit
Solid Plastic Dye	\$15 (except Pink I & II)	No benefit
Plastic Gradient Dye	\$17	No benefit
Photochromatic Lenses (Glass & Plastic)	\$31-\$82	No benefit
Scratch Resistant Coating	\$17-\$33	No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

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

Monthly Rates

Employee Only (EE)	\$6.96
EE + Spouse	\$14.56
EE + Children	\$15.16
EE + Spouse & Children	\$19.44

Rx Savings

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

Retail Chain Affiliate Providers Available With Focus Plans

Effective January 1, 2012, retail chain affiliate providers, which include Costco® Optical and Visionworks, give members added convenience and additional retail choices. Costco Optical has 400 locations across the country, while Visionworks manages nearly 400 optical stores in 37 states and DC, including well-known stores such as EyeMasters, Visionworks, Dr. Bizer's VisionWorld, Eye DRx, and Hour Eyes, to name a few. Members enjoy a covered-in-full benefit experience with equivalent frame benefit at any of these retail chain locations.

Additional Focus® Choice Network Features

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3- or 6-month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCare	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

Based on applicable laws, reduced costs may vary by doctor location.

Eye Care Plan Member Service

Focus eye care from Ameritas Group features the money-saving eye care network of VSP. Customer service is available to plan members through VSP's well-trained and helpful service representatives. Call or go online to locate the nearest VSP network provider, view plan benefit information and more. Locate a VSP provider at: ameritas.com or View plan benefit information at: vsp.com

VSP Call Center: 1-800-877-7195

- Service representative hours: 5 a.m. to 7 p.m. PST Monday through Friday, 6 a.m. to 2:30 p.m. PST Saturday
- Interactive Voice Response available 24/7

Section 125

This plan is provided as part of the Policyholder's Section 125 Plan. Each employee has the option under the Section 125 Plan of participating or not participating in this plan. If an employee does not elect to participate when initially eligible, he/she may elect to participate at the Policyholder's next Annual Election Period.

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FLEXIBLE SPENDING ACCOUNTS

First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539

P.O. Box 161968 | Altamonte Springs, FL 32716

MEDICAL FSA

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

Your maximum contribution amount for 2022 is \$2,850.

Health Plans Must Cover OTC COVID-19 Tests

Families First Coronavirus Response Act (FFCRA) and the Coronavirus Aid, Relief, and Economic Security Act (CARES Act) are laws passed which include requiring group health coverage to cover the costs of over-the-counter (OTC) COVID-19 diagnostic tests (up to \$12.00). The Department of Labor (DOL) and the Internal Revenue Service (IRS) has provided additional guidance to prevent fraud and abuse, the insurer or plan provider, may require an attestation, the OTC COVID-19 test was purchased by the participant, beneficiary, or enrollee for personal use, not for employment purposes, has not been (and will not be) reimbursed by another source, and is not for resale.

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 (9/1).
- 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.**

HIGHLIGHTS

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

FSA RESOURCES

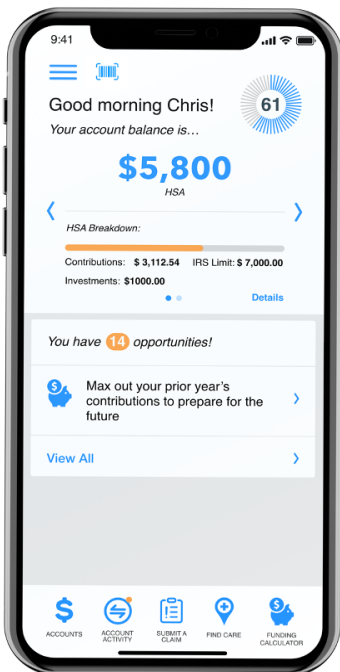
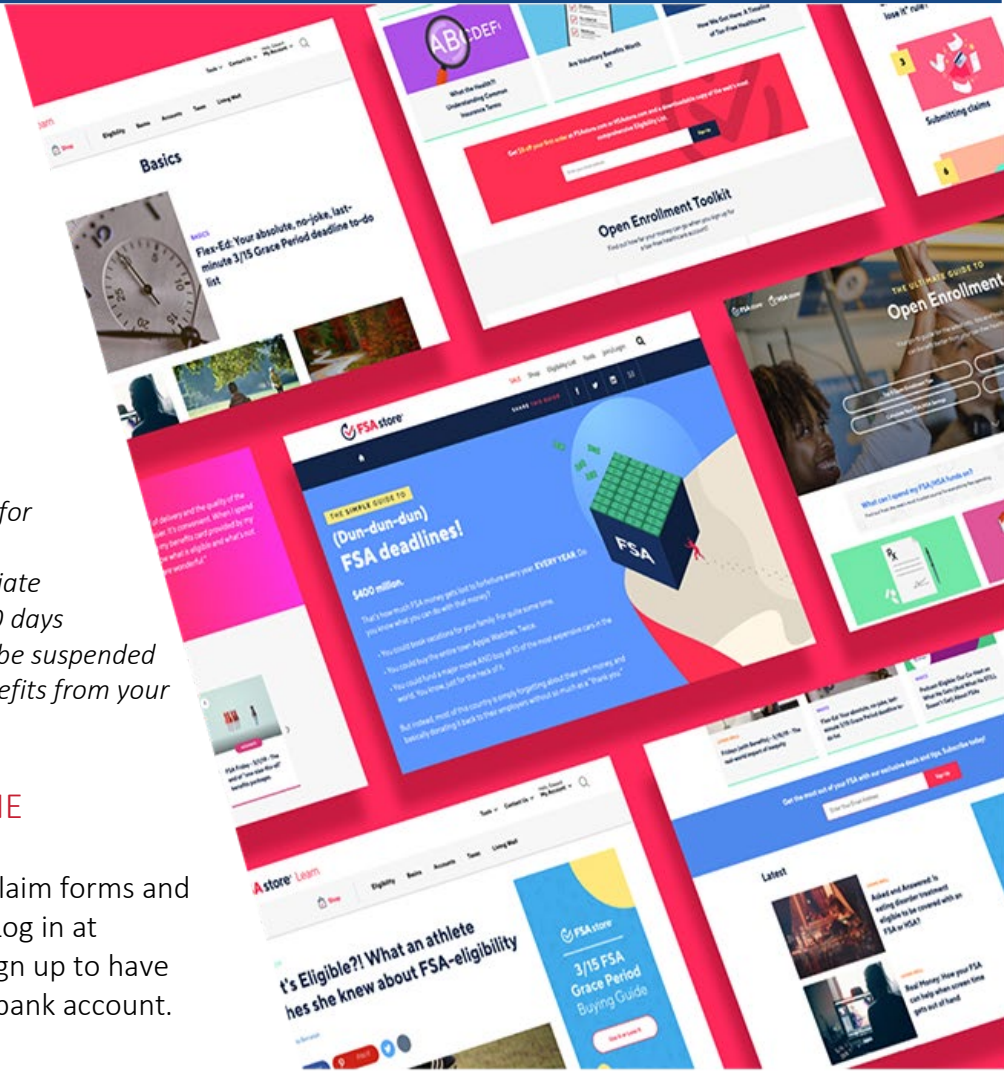
BENEFITS CARD

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

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

VIEW YOUR ACCOUNT DETAILS ONLINE

Sign up to view your account balance, find claim forms and check claims status on our secure website. Log in at www.ffga.com. After you log in, you may sign up to have reimbursements directly deposited to your bank account. View the [Portal Log-in Guide](#) now!



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 StoreSM or Google Play StoreTM. View the FF Mobile Account App [User Guide](#) and [Quick Reference Guide](#).

FSA STORE

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



HEALTH SAVINGS ACCOUNTS

First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539
P.O. Box 161968 | Altamonte Springs, FL 32716

HEALTH SAVINGS ACCOUNTS

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.

Individual maximum contribution amount for 2022 is \$3,650
Family/household maximum contribution amount for 2022 is \$7,300

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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.

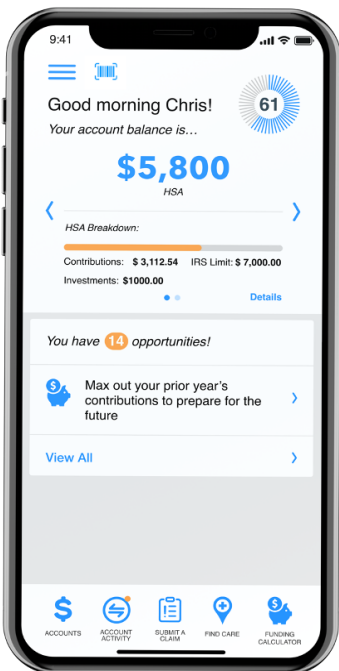
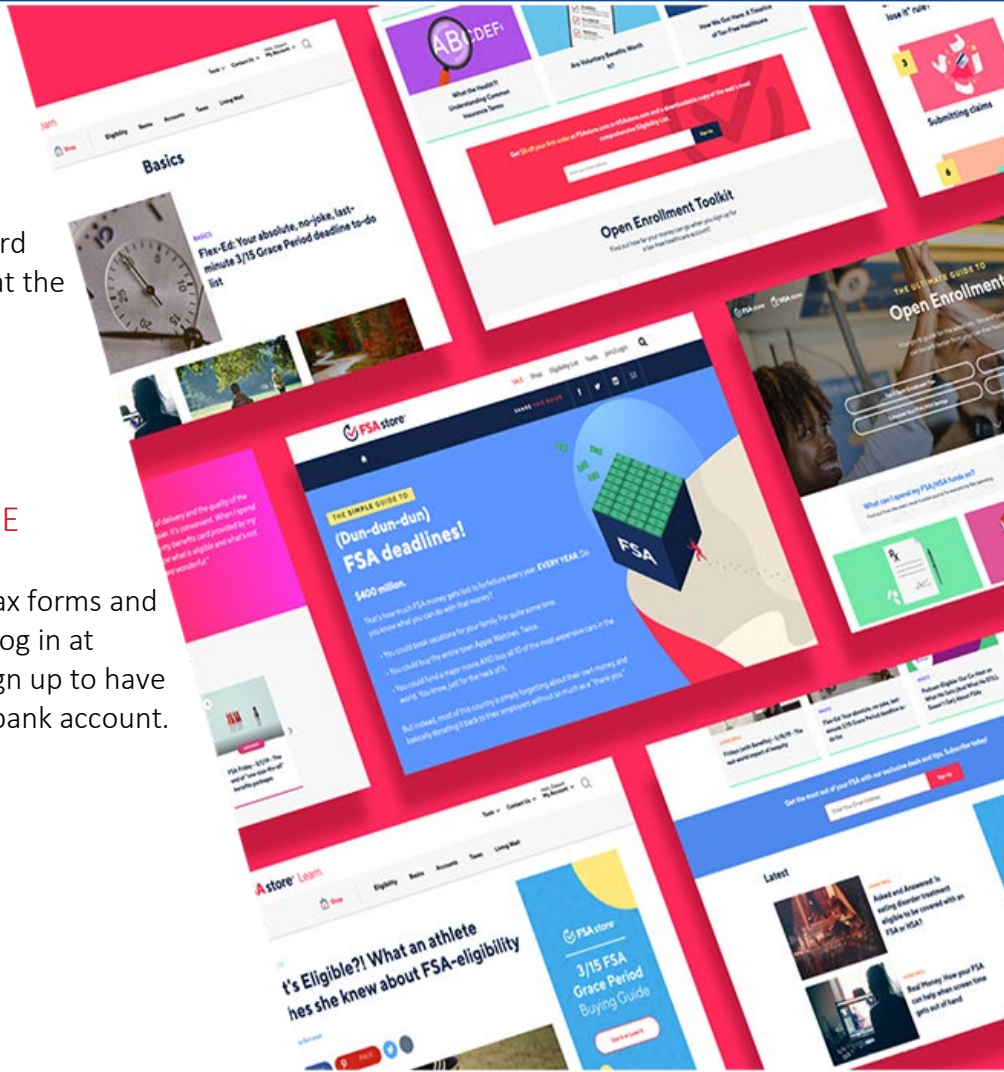
HSA RESOURCES

BENEFITS CARD

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VIEW YOUR ACCOUNT DETAILS ONLINE

Sign up to view your account balance, find tax forms and check claims status on our secure website. Log in at www.ffga.com. After you log in, you may sign up to have reimbursements directly deposited to your bank account. View the [Portal Log-in Guide](#) now!



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 StoreSM or Google Play StoreTM. View the FF Mobile Account App [User Guide](#) and [Quick Reference Guide](#).

HSA STORE

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TERM LIFE INSURANCE

Blue Cross Blue Shield | www.bcbstx.com/ancillary/employees | 1.877.442.4207

EMPLOYER-PAID TERM LIFE

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 \$25,000. 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. The coverage reduces to 50% at age 70.

- This coverage does not continue upon any form of separation of employment. (This includes voluntary or involuntary termination, resignation and/or retirement.)

VOLUNTARY TERM LIFE INSURANCE

Group life insurance allows you to purchase affordable life insurance on yourself, spouse, and dependent children. This is term insurance, available if you are employed by district. Employees enrolling in the coverage after the first 31 days of their employment will be subject to insurability and must complete a health questionnaire prior to coverage being issued. All basic, optional, and dependent spouse insurance reduces to 50% at age 70.

- This coverage does not continue upon retirement.

TEXAS LIFE – PERMANENT LIFE

Texas Life | www.texaslife.com | 1.800.283.9233

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.

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.



**GROUP BENEFIT PROGRAM SUMMARY
For JASPER ISD / TEEBC TRUST F021842 - 099**

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

EMPLOYER PAID BASIC GROUP TERM LIFE/AD&D

Eligibility	All Active Full Time Employees who regularly work 10 hours per week & Bus Drivers are eligible for insurance on their date of hire.
Group Term Life/AD&D Benefit:	\$25,000
Guarantee Issue Amount – Employee	\$25,000
Age Reduction Schedule	Life/AD&D benefits reduce by 50% of the original amount at age 70. Benefits terminate at retirement.
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Definition of Disability	Diagnosed by a doctor to be completely unable, because of sickness or injury to engage in any occupation for wage or profit or any occupation for which they become qualified by education, training or experience.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Conversion Privilege	Included.
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet.

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

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



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

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

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

* Loss must occur within 365 days of the accident.

AD&D Product Features Included:

- Seatbelt and Airbag Benefits
- Repatriation Benefit
- Education Benefit

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

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

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BENEFIT PROGRAM SUMMARY
For JASPER ISD / TEEBC TRUST F021842 - 099

SUPPLEMENTAL GROUP TERM LIFE/AD&D

Eligibility	All Active Full Time Employees who regularly work 10 hours per week & Bus Drivers are eligible for insurance on their date of hire.
Group Term Life/AD&D Benefit: Employee	\$10,000 - \$500,000, in increments of \$10,000, not to exceed 5 times your annual earnings.
Guarantee Issue Amount – Employee	\$150,000, under age 65, \$30,000 age 65-69
Group Term Life/AD&D Benefit: Spouse (Includes Domestic Partners)	\$5,000 - \$250,000, in increments of \$5,000, not to exceed 50% of the employee benefit amount.
Guarantee Issue Amount – Spouse	\$50,000 under age 60, \$10,000 Age 60-69
Group Term Life Benefit: Child(ren)	Live Birth to 14 Days - \$5,000; 14 Days to Age 26 - \$5,000 or \$10,000
Age Reduction Schedule	Employee Basic and Supplemental Group Term Life/AD&D benefits reduce by 50% of the original amount at age 70. Benefits terminate at retirement. Spouse Supplemental Group Term Life/AD&D benefits terminate upon the Employee's attainment of age 70.
Employee Contribution	100%
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum: \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Portability Feature (Life coverage)	Included. (Employee)
Conversion Privilege (Life coverage)	Included.
Exclusions	One-year suicide exclusion applies to Supplemental Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.

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

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
17-20		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									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	22.25	75
21-22				12.50	14.55	16.60	18.65	20.70	22.75	22.75	74
23				12.75	14.85	16.95	19.05	21.15	23.25	23.25	75
24-25				13.00	15.15	17.30	19.45	21.60	23.75	23.75	74
26				13.50	15.75	18.00	20.25	22.50	24.75	24.75	75
27-28				13.75	16.05	18.35	20.65	22.95	25.25	25.25	74
29				14.00	16.35	18.70	21.05	23.40	25.75	25.75	74
30-31				14.25	16.65	19.05	21.45	23.85	26.25	26.25	73
32				15.00	17.55	20.10	22.65	25.20	27.75	27.75	74
33				15.50	18.15	20.80	23.45	26.10	28.75	28.75	74
34				16.25	19.05	21.85	24.65	27.45	30.25	30.25	75
35		11.25	14.25	17.25	20.25	23.25	26.25	29.25	32.25	32.25	76
36		11.55	14.65	17.75	20.85	23.95	27.05	30.15	33.25	33.25	76
37		12.00	15.25	18.50	21.75	25.00	28.25	31.50	34.75	34.75	77
38		12.45	15.85	19.25	22.65	26.05	29.45	32.85	36.25	36.25	77
39		13.20	16.85	20.50	24.15	27.80	31.45	35.10	38.75	38.75	78
40	10.05	13.95	17.85	21.75	25.65	29.55	33.45	37.35	41.25	41.25	79
41	10.75	15.00	19.25	23.50	27.75	32.00	36.25	40.50	44.75	44.75	80
42	11.55	16.20	20.85	25.50	30.15	34.80	39.45	44.10	48.75	48.75	81
43	12.25	17.25	22.25	27.25	32.25	37.25	42.25	47.25	52.25	52.25	82
44	12.95	18.30	23.65	29.00	34.35	39.70	45.05	50.40	55.75	55.75	83
45	13.65	19.35	25.05	30.75	36.45	42.15	47.85	53.55	59.25	59.25	83
46	14.45	20.55	26.65	32.75	38.85	44.95	51.05	57.15	63.25	63.25	84
47	15.15	21.60	28.05	34.50	40.95	47.40	53.85	60.30	66.75	66.75	84
48	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	70.25	85
49	16.75	24.00	31.25	38.50	45.75	53.00	60.25	67.50	74.75	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".

DISABILITY INSURANCE

The Standard | www.standard.com | 1.800.368.1135

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 of time you are unable to work due to those reasons.

You are able to choose the *benefit amount*, which is the amount of your income to replace, and the *waiting period* that you begin receiving payments. *Please choose carefully. Contact your representative to identify the plan differences and what is not covered or excluded.*

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?

12-month pre-existing condition:

The plan doesn't cover pre-existing conditions. A pre-existing condition is any sickness or loss for which medical advice or treatment was received or recommended within 12 months prior to the effective date of coverage.

Actively at work:

If you are not actively at work when coverage is scheduled to become effective, your coverage does not take effect until you complete your first day at work.



Voluntary Long Term Disability (LTD) Insurance

Long Term Disability insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through Jasper Independent School District.

Eligibility Requirements

- | | |
|-----------------|--|
| Policy | <ul style="list-style-type: none"> • A minimum number of eligible employees must apply and qualify for the proposed plan before Educator Options Voluntary LTD coverage can become effective |
| Employee | <ul style="list-style-type: none"> • A regular employee of Jasper Independent School District • Actively working at least 20 hours each week • A citizen or resident of the United States or Canada • Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible |
| Premium | <ul style="list-style-type: none"> • You pay 100 percent of the premium for this coverage through easy payroll deduction |

Benefit Amount

- | | |
|-------------------------------------|---|
| Benefit Amount | You may select a monthly benefit amount in \$100 increments, based on the tables and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 66 2/3 percent of your monthly predisability earnings. The minimum monthly amount you may elect is \$100. |
| Plan Maximum Monthly Benefit | The lesser of \$7,500 or 66 2/3 percent of your predisability earnings |
| Plan Minimum Monthly Benefit | 25 percent of your LTD benefit before reduction by deductible income |

Note:

- If you do not apply for this coverage within 31 days after becoming eligible, and later decide to do so, you must wait until your employer holds an annual enrollment.

Disability Needs Calculator

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Disability insurance you may need if you become unable to work, The Standard has created a Disability Needs Calculator found at: <http://www.standard.com/calculators/dineeds.html>

Employee Coverage Effective Date

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility period, receive medical underwriting approval (if applicable), and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

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

Understanding Your Plan Design

Benefit Waiting Period The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. Benefits are not payable during the benefit waiting period. The benefit waiting period options associated with your plan include:

<u>Accidental Injury</u>	<u>Other Disabilities</u>
0 days	7 days
14 days	14 days
30 days	30 days
60 days	60 days
90 days	90 days
180 days	180 days

Own Occupation Definition of Disability For the benefit waiting period and the first 24 months for which LTD benefits are paid, you are considered disabled when you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of your own occupation **AND** are suffering a loss of at least 20 percent of your indexed predisability earnings when working in your own occupation. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

Any Occupation Definition of Disability After the own occupation period of disability, you will be considered disabled if you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of any occupation.

Deductible Income Deductible income is income you receive or are eligible to receive while LTD benefits are payable. Deductible income includes, but is not limited to:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Disability benefits from any other group insurance
- Disability or retirement benefits under your employer's retirement plan
- Benefits under any state disability income benefit law or similar law
- Earnings or compensation included in predisability earnings which you receive or are eligible to receive while LTD benefits are payable
- Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above

Maximum Benefit Period

The maximum period for which benefits are payable is shown in the table below:

To Age 65

If you become disabled before age 62, LTD benefits may continue during disability until you reach age 65. If you become disabled at age 62 or older, the benefit duration is determined by your age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
62	3 years 6 months
63	3 years
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

3 Years

If you become disabled before age 64, Long Term Disability benefits may continue during disability for 3 years. If you become disabled at age 64 or older, the benefit duration is determined by your age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
64	2 years 6 months
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

Benefit Calculation

Example

You select the amount of your LTD benefit when you enroll for coverage in the plan. The dollar amount selected must be a multiple of \$100, from a minimum of \$200 to a maximum of the lesser of \$7,500 or 66 2/3 percent of your predisability earnings. This amount is then reduced by deductible income you receive, or are eligible to receive, while LTD benefits are payable. As an example, if your monthly predisability earnings are \$4,500, you may select any dollar amount (in \$100 increments) between \$200 and \$2,700 (60 percent of predisability earnings). In the example below, assume you elected the maximum benefit amount of \$2,700, and you now receive a monthly Social Security disability benefit of \$1,200 and a monthly retirement benefit of \$900. Your monthly LTD benefit would be calculated as follows:

Insured predisability earnings	\$4,500
Maximum benefit percentage	X 60%
Maximum benefit amount	\$2,700
Less Social Security disability benefit	-\$1,200
Less retirement benefit	-\$900
Amount of LTD benefit	\$600

Additional Features

Please see your human resources representative for additional information about the features and benefits below.

24 Hour Coverage	24-hour LTD plans provide coverage for disabilities occurring on or off the job.
Rehabilitation Plan	If you are participating in an approved Rehabilitation Plan, The Standard may include payment of some of the expenses you incur in connection with the plan including but not limited to: training and education expenses, family (child and elder) care expenses, job related expenses and job search expenses.
Reasonable Accommodation Expense Benefit	If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.
Rehabilitation Incentive Benefit	If you agree to participate in a rehabilitation plan that prepares you to return to work (plan must be approved by The Standard), you may be eligible to receive an additional benefit equal to 10 percent of your predisability earnings. When added to any other amount you receive from The Standard, your total benefit cannot exceed the maximum benefit allowed by the policy.
Employee Assistance Program	Includes an Employee Assistance Program and WorkLife Services to offer support, guidance and resources to help you and your household members resolve personal issues.
Survivors Benefit	If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three time your unreduced LTD benefit may be payable (any survivors benefit payable will first be applied to any overpayment of your claim due to The Standard).
First Day Hospital Benefit	If you are hospital confined for at least 4 hours during the benefit waiting period, the following will apply; the remainder of your benefit waiting period will be waived, LTD benefits will become payable on the first day you are hospital confined, and your maximum benefit period will begin on the date your LTD benefits are payable. You are eligible for this benefit only if your elected benefit waiting period is less than 45 days.
Family Care Expense Benefit	Applies when a disabled employee has returned to work and continues to receive LTD benefits. For 24 months, a portion of expenses (up to \$250 per dependent or \$500 per family, per month) is deducted from the amount of your work earnings.

Exclusions

Subject to state variations, you are not covered for a disability caused or contributed to by any of the following:

- Your committing or attempting to commit an assault or felony, or your active participation in a violent disorder or riot
- An intentionally self-inflicted injury
- War or any act of war (declared or undeclared, and any substantial armed conflict between organized forces of a military nature)
- The loss of your professional or occupational license or certification
- If applicable, with respect to insurance increases, you are not covered for the insurance increase if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period

Preexisting Condition Provision

Preexisting Condition For the first 90 days of disability, we will pay benefits even if you have a condition subject to the preexisting condition limitation. After 90 days, we will continue benefits only for conditions for which the preexisting condition exclusion or limitation does not apply. Benefit amounts subject to the preexisting condition exclusion will be excluded from payment.

A preexisting condition is a mental or physical condition:

- For which you or a reasonably prudent person would have consulted a physician or other licensed medical professional; received medical treatment, services or advice; undergone diagnostic procedures, including self-administered procedures; or taken prescribed drugs or medications
- Which, as a result of any medical examination, including routine examination, was discovered or suspected

Preexisting Condition Period The 90 day period just before your insurance becomes effective or any insurance increases become effective

Specified Exclusion and Limitation Period 12 months

Limitations

LTD benefits are not payable for any period when you are:

- Not under the ongoing care of a physician in the appropriate specialty as determined by The Standard
- Not participating in good faith in a plan, program or course of medical treatment or vocational training or education approved by The Standard, unless your disability prevents you from participating
- Confined for any reason in a penal or correctional institution
- Able to work and earn at least 20 percent of your indexed predisability earnings, but you elect not to work; during the first 24 months after the end of the benefit waiting period the responsibility to work is limited to work in your own occupation; thereafter, the responsibility to work includes work in any occupation

In addition, payment of LTD benefits is limited in duration:

- If you reside outside the United States or Canada
- If applicable, if your disability is caused or contributed by a preexisting condition or the medical or surgical treatment of a preexisting condition unless on the date you become disabled, you have been continuously insured under the group policy for the specified exclusion and limitation period, and you have been actively at work for at least one full day after the end of the specified exclusion and limitation period
- If your disability is caused or contributed to by mental disorders, substance abuse or the environment, chronic fatigue conditions, chronic pain conditions, carpal tunnel or repetitive motion syndrome or temporomandibular joint disorder or craniomandibular joint disorder

When Benefits End

LTD benefits end automatically on the earliest of:

- The date you are no longer disabled
- The date your maximum benefit period ends
- The date you die
- The date benefits become payable under any other LTD disability insurance plan under which you become insured through employment during a period of temporary recovery
- The date you fail to provide proof of continued disability and entitlement to benefits

When Insurance Ends

Insurance ends automatically on the earliest of the following:

- The last day of the last period for which you make a premium contribution (except if premiums are waived while disabled)
- The date your employment terminates
- The date the group policy terminates
- The date you cease to meet the eligibility requirements (coverage may continue for limited periods under certain circumstances)
- If applicable, the date your employer ceases to participate under the group policy

Group Insurance Certificate

If coverage becomes effective, and you become insured, you will receive a group insurance certificate containing a detailed description of the insurance coverage including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. Neither the information presented in this summary nor the certificate modifies the group policy or the insurance coverage in any way.

Rates

Employees can select a monthly LTD benefit ranging from a minimum of \$200 to a maximum amount based on how much they earn. Referencing the appropriate attached charts, follow these steps to find the monthly cost for your desired level of monthly LTD benefit and benefit waiting period:

- Find the maximum LTD benefit by locating the amount of your earnings in either the annual earnings or Monthly Earnings column. The LTD benefit amount shown associated with these earnings is the maximum amount you can receive. If your earnings fall between two amounts, you must select the lower amount.
- Select the desired monthly LTD benefit between the minimum of \$200 and the determined maximum amount, making sure not to exceed the maximum for your earnings.
- In the same row, select the desired benefit waiting period to see the monthly cost for that selection.

If you have questions regarding how to determine your monthly LTD benefit, the benefit waiting period, or the premium payment of your desired benefit, please contact your human resources representative.

Maximum Benefit Period: 3 Years

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month					
			0/7	14/14	30/30	60/60	90/90	180/180
3,600	300	200	4.54	3.72	2.70	2.12	1.12	0.72
5,400	450	300	6.81	5.58	4.05	3.18	1.68	1.08
7,200	600	400	9.08	7.44	5.40	4.24	2.24	1.44
9,000	750	500	11.35	9.30	6.75	5.30	2.80	1.80
10,800	900	600	13.62	11.16	8.10	6.36	3.36	2.16
12,600	1,050	700	15.89	13.02	9.45	7.42	3.92	2.52
14,400	1,200	800	18.16	14.88	10.80	8.48	4.48	2.88
16,200	1,350	900	20.43	16.74	12.15	9.54	5.04	3.24
18,000	1,500	1,000	22.70	18.60	13.50	10.60	5.60	3.60
19,800	1,650	1,100	24.97	20.46	14.85	11.66	6.16	3.96
21,600	1,800	1,200	27.24	22.32	16.20	12.72	6.72	4.32
23,400	1,950	1,300	29.51	24.18	17.55	13.78	7.28	4.68
25,200	2,100	1,400	31.78	26.04	18.90	14.84	7.84	5.04
27,000	2,250	1,500	34.05	27.90	20.25	15.90	8.40	5.40
28,800	2,400	1,600	36.32	29.76	21.60	16.96	8.96	5.76
30,600	2,550	1,700	38.59	31.62	22.95	18.02	9.52	6.12
32,400	2,700	1,800	40.86	33.48	24.30	19.08	10.08	6.48
34,200	2,850	1,900	43.13	35.34	25.65	20.14	10.64	6.84
36,000	3,000	2,000	45.40	37.20	27.00	21.20	11.20	7.20
37,800	3,150	2,100	47.67	39.06	28.35	22.26	11.76	7.56
39,600	3,300	2,200	49.94	40.92	29.70	23.32	12.32	7.92
41,400	3,450	2,300	52.21	42.78	31.05	24.38	12.88	8.28
43,200	3,600	2,400	54.48	44.64	32.40	25.44	13.44	8.64
45,000	3,750	2,500	56.75	46.50	33.75	26.50	14.00	9.00
46,800	3,900	2,600	59.02	48.36	35.10	27.56	14.56	9.36
48,600	4,050	2,700	61.29	50.22	36.45	28.62	15.12	9.72
50,400	4,200	2,800	63.56	52.08	37.80	29.68	15.68	10.08
52,200	4,350	2,900	65.83	53.94	39.15	30.74	16.24	10.44
54,000	4,500	3,000	68.10	55.80	40.50	31.80	16.80	10.80
55,800	4,650	3,100	70.37	57.66	41.85	32.86	17.36	11.16
57,600	4,800	3,200	72.64	59.52	43.20	33.92	17.92	11.52
59,400	4,950	3,300	74.91	61.38	44.55	34.98	18.48	11.88
61,200	5,100	3,400	77.18	63.24	45.90	36.04	19.04	12.24
63,000	5,250	3,500	79.45	65.10	47.25	37.10	19.60	12.60
64,800	5,400	3,600	81.72	66.96	48.60	38.16	20.16	12.96
66,600	5,550	3,700	83.99	68.82	49.95	39.22	20.72	13.32
68,400	5,700	3,800	86.26	70.68	51.30	40.28	21.28	13.68
70,200	5,850	3,900	88.53	72.54	52.65	41.34	21.84	14.04
72,000	6,000	4,000	90.80	74.40	54.00	42.40	22.40	14.40
73,800	6,150	4,100	93.07	76.26	55.35	43.46	22.96	14.76

Maximum Benefit Period: 3 Years - continued

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month					
			0/7	14/14	30/30	60/60	90/90	180/180
75,600	6,300	4,200	95.34	78.12	56.70	44.52	23.52	15.12
77,400	6,450	4,300	97.61	79.98	58.05	45.58	24.08	15.48
79,200	6,600	4,400	99.88	81.84	59.40	46.64	24.64	15.84
81,000	6,750	4,500	102.15	83.70	60.75	47.70	25.20	16.20
82,800	6,900	4,600	104.42	85.56	62.10	48.76	25.76	16.56
84,600	7,050	4,700	106.69	87.42	63.45	49.82	26.32	16.92
86,400	7,200	4,800	108.96	89.28	64.80	50.88	26.88	17.28
88,200	7,350	4,900	111.23	91.14	66.15	51.94	27.44	17.64
90,000	7,500	5,000	113.50	93.00	67.50	53.00	28.00	18.00
91,800	7,650	5,100	115.77	94.86	68.85	54.06	28.56	18.36
93,600	7,800	5,200	118.04	96.72	70.20	55.12	29.12	18.72
95,400	7,950	5,300	120.31	98.58	71.55	56.18	29.68	19.08
97,200	8,100	5,400	122.58	100.44	72.90	57.24	30.24	19.44
99,000	8,250	5,500	124.85	102.30	74.25	58.30	30.80	19.80
100,800	8,400	5,600	127.12	104.16	75.60	59.36	31.36	20.16
102,600	8,550	5,700	129.39	106.02	76.95	60.42	31.92	20.52
104,400	8,700	5,800	131.66	107.88	78.30	61.48	32.48	20.88
106,200	8,850	5,900	133.93	109.74	79.65	62.54	33.04	21.24
108,000	9,000	6,000	136.20	111.60	81.00	63.60	33.60	21.60
109,800	9,150	6,100	138.47	113.46	82.35	64.66	34.16	21.96
111,600	9,300	6,200	140.74	115.32	83.70	65.72	34.72	22.32
113,400	9,450	6,300	143.01	117.18	85.05	66.78	35.28	22.68
115,200	9,600	6,400	145.28	119.04	86.40	67.84	35.84	23.04
117,000	9,750	6,500	147.55	120.90	87.75	68.90	36.40	23.40
118,800	9,900	6,600	149.82	122.76	89.10	69.96	36.96	23.76
120,600	10,050	6,700	152.09	124.62	90.45	71.02	37.52	24.12
122,400	10,200	6,800	154.36	126.48	91.80	72.08	38.08	24.48
124,200	10,350	6,900	156.63	128.34	93.15	73.14	38.64	24.84
126,000	10,500	7,000	158.90	130.20	94.50	74.20	39.20	25.20
127,800	10,650	7,100	161.17	132.06	95.85	75.26	39.76	25.56
129,600	10,800	7,200	163.44	133.92	97.20	76.32	40.32	25.92
131,400	10,950	7,300	165.71	135.78	98.55	77.38	40.88	26.28
133,200	11,100	7,400	167.98	137.64	99.90	78.44	41.44	26.64
135,000	11,250	7,500	170.25	139.50	101.25	79.50	42.00	27.00

Maximum Benefit Period: To age 65

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month					
			0/7	14/14	30/30	60/60	90/90	180/180
3,600	300	200	5.52	4.66	3.62	3.24	1.84	1.32
5,400	450	300	8.28	6.99	5.43	4.86	2.76	1.98
7,200	600	400	11.04	9.32	7.24	6.48	3.68	2.64
9,000	750	500	13.80	11.65	9.05	8.10	4.60	3.30
10,800	900	600	16.56	13.98	10.86	9.72	5.52	3.96
12,600	1,050	700	19.32	16.31	12.67	11.34	6.44	4.62
14,400	1,200	800	22.08	18.64	14.48	12.96	7.36	5.28
16,200	1,350	900	24.84	20.97	16.29	14.58	8.28	5.94
18,000	1,500	1,000	27.60	23.30	18.10	16.20	9.20	6.60
19,800	1,650	1,100	30.36	25.63	19.91	17.82	10.12	7.26
21,600	1,800	1,200	33.12	27.96	21.72	19.44	11.04	7.92
23,400	1,950	1,300	35.88	30.29	23.53	21.06	11.96	8.58
25,200	2,100	1,400	38.64	32.62	25.34	22.68	12.88	9.24
27,000	2,250	1,500	41.40	34.95	27.15	24.30	13.80	9.90
28,800	2,400	1,600	44.16	37.28	28.96	25.92	14.72	10.56
30,600	2,550	1,700	46.92	39.61	30.77	27.54	15.64	11.22
32,400	2,700	1,800	49.68	41.94	32.58	29.16	16.56	11.88
34,200	2,850	1,900	52.44	44.27	34.39	30.78	17.48	12.54
36,000	3,000	2,000	55.20	46.60	36.20	32.40	18.40	13.20
37,800	3,150	2,100	57.96	48.93	38.01	34.02	19.32	13.86
39,600	3,300	2,200	60.72	51.26	39.82	35.64	20.24	14.52
41,400	3,450	2,300	63.48	53.59	41.63	37.26	21.16	15.18
43,200	3,600	2,400	66.24	55.92	43.44	38.88	22.08	15.84
45,000	3,750	2,500	69.00	58.25	45.25	40.50	23.00	16.50
46,800	3,900	2,600	71.76	60.58	47.06	42.12	23.92	17.16
48,600	4,050	2,700	74.52	62.91	48.87	43.74	24.84	17.82
50,400	4,200	2,800	77.28	65.24	50.68	45.36	25.76	18.48
52,200	4,350	2,900	80.04	67.57	52.49	46.98	26.68	19.14
54,000	4,500	3,000	82.80	69.90	54.30	48.60	27.60	19.80
55,800	4,650	3,100	85.56	72.23	56.11	50.22	28.52	20.46
57,600	4,800	3,200	88.32	74.56	57.92	51.84	29.44	21.12
59,400	4,950	3,300	91.08	76.89	59.73	53.46	30.36	21.78
61,200	5,100	3,400	93.84	79.22	61.54	55.08	31.28	22.44
63,000	5,250	3,500	96.60	81.55	63.35	56.70	32.20	23.10
64,800	5,400	3,600	99.36	83.88	65.16	58.32	33.12	23.76
66,600	5,550	3,700	102.12	86.21	66.97	59.94	34.04	24.42
68,400	5,700	3,800	104.88	88.54	68.78	61.56	34.96	25.08
70,200	5,850	3,900	107.64	90.87	70.59	63.18	35.88	25.74
72,000	6,000	4,000	110.40	93.20	72.40	64.80	36.80	26.40
73,800	6,150	4,100	113.16	95.53	74.21	66.42	37.72	27.06

Maximum Benefit Period: To age 65 - continued

Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month					
			0/7	14/14	30/30	60/60	90/90	180/180
75,600	6,300	4,200	115.92	97.86	76.02	68.04	38.64	27.72
77,400	6,450	4,300	118.68	100.19	77.83	69.66	39.56	28.38
79,200	6,600	4,400	121.44	102.52	79.64	71.28	40.48	29.04
81,000	6,750	4,500	124.20	104.85	81.45	72.90	41.40	29.70
82,800	6,900	4,600	126.96	107.18	83.26	74.52	42.32	30.36
84,600	7,050	4,700	129.72	109.51	85.07	76.14	43.24	31.02
86,400	7,200	4,800	132.48	111.84	86.88	77.76	44.16	31.68
88,200	7,350	4,900	135.24	114.17	88.69	79.38	45.08	32.34
90,000	7,500	5,000	138.00	116.50	90.50	81.00	46.00	33.00
91,800	7,650	5,100	140.76	118.83	92.31	82.62	46.92	33.66
93,600	7,800	5,200	143.52	121.16	94.12	84.24	47.84	34.32
95,400	7,950	5,300	146.28	123.49	95.93	85.86	48.76	34.98
97,200	8,100	5,400	149.04	125.82	97.74	87.48	49.68	35.64
99,000	8,250	5,500	151.80	128.15	99.55	89.10	50.60	36.30
100,800	8,400	5,600	154.56	130.48	101.36	90.72	51.52	36.96
102,600	8,550	5,700	157.32	132.81	103.17	92.34	52.44	37.62
104,400	8,700	5,800	160.08	135.14	104.98	93.96	53.36	38.28
106,200	8,850	5,900	162.84	137.47	106.79	95.58	54.28	38.94
108,000	9,000	6,000	165.60	139.80	108.60	97.20	55.20	39.60
109,800	9,150	6,100	168.36	142.13	110.41	98.82	56.12	40.26
111,600	9,300	6,200	171.12	144.46	112.22	100.44	57.04	40.92
113,400	9,450	6,300	173.88	146.79	114.03	102.06	57.96	41.58
115,200	9,600	6,400	176.64	149.12	115.84	103.68	58.88	42.24
117,000	9,750	6,500	179.40	151.45	117.65	105.30	59.80	42.90
118,800	9,900	6,600	182.16	153.78	119.46	106.92	60.72	43.56
120,600	10,050	6,700	184.92	156.11	121.27	108.54	61.64	44.22
122,400	10,200	6,800	187.68	158.44	123.08	110.16	62.56	44.88
124,200	10,350	6,900	190.44	160.77	124.89	111.78	63.48	45.54
126,000	10,500	7,000	193.20	163.10	126.70	113.40	64.40	46.20
127,800	10,650	7,100	195.96	165.43	128.51	115.02	65.32	46.86
129,600	10,800	7,200	198.72	167.76	130.32	116.64	66.24	47.52
131,400	10,950	7,300	201.48	170.09	132.13	118.26	67.16	48.18
133,200	11,100	7,400	204.24	172.42	133.94	119.88	68.08	48.84
135,000	11,250	7,500	207.00	174.75	135.75	121.50	69.00	49.50



Standard Insurance Company

For more than 100 years we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. We have earned a national reputation for quality products and superior service by always striving to do what is right for our customers.

Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group Disability, Life, Dental and Vision insurance and Individual Disability insurance. We provide insurance to more than 24,800 groups, covering over 8 million employees nationwide.* Our first group policy, written in 1951 and still in force today, stands as a testament to our commitment to building long-term relationships.

To learn more about products from The Standard, Contact your human resources department or visit us at **www.standard.com**.

* As of June 30, 2013, based on internal data developed by Standard Insurance Company.

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

GP190-LTD/S399

HOSPITAL INDEMNITY INSURANCE

Aetna | www.aetna.com | 1.800.607.3366

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!

HOSPITAL INDEMNITY INSURANCE		
MONTHLY PREMIUMS	PLAN 1	PLAN 2
EMPLOYEE ONLY	\$8.21	\$16.01
EMPLOYEE + SPOUSE	\$18.22	\$35.69
EMPLOYEE + CHILD(REN)	\$14.10	\$27.43
EMPLOYEE + FAMILY	\$23.26	\$45.35

MEDICAL TRANSPORT

Masa MTS | www.masamts.com | 1.800.643.9023

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

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

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

MEDICAL TRANSPORT		
MONTHLY PREMIUM	PLATINUM	EMERGENT PLUS
EMPLOYEE	\$39.00	\$14.00
EMPLOYEE + FAMILY	\$39.00	\$14.00

Coverage against unplanned medical emergencies is surprisingly affordable.



Facts You Should Know

- Emergent Ground Ambulance transports can easily surpass \$2,000 and can reach as high as \$5,000.
- Emergent Air Ambulance transports frequently cost more than \$40,000, reaching as high as \$70,000.
- If you are in need of specialized care and can be transported on a non-emergent basis, it is common for a medically equipped plane to cost more than \$20,000.
- Most people assume that their health insurance will cover most if not all of the costs for these transports. Usually, the opposite is true, leaving you with financially crippling bills.

When is your next medical emergency planned? Are you prepared?

BENEFIT	PLATINUM \$39/mo or \$468/yr	EMERGENT PLUS \$14/mo or \$160/yr	EMERGENT GROUND \$9/mo or \$99/yr
Emergent Ground Transportation	U.S./Canada	U.S./Canada	U.S./Canada
Emergency Air Transportation	U.S./Canada	U.S./Canada	
Repatriation	Worldwide	U.S./Canada	
Non-Emergent Air Transportation	Worldwide		
Escort Transportation	Worldwide		
Mortal Remains Transportation	Worldwide		
Visitor Transportation	BCA*		
Minor Children/Grandchildren Return	BCA*		
Vehicle Return	BCA*		
Pet Return	BCA*		
Organ Retrieval	U.S. Only		
Organ Recipient Transportation	U.S. Only		

*Basic Coverage Area (BCA) includes U.S., Canada, Mexico, and Caribbean (excluding Cuba)

Coverage available for spouses/domestic partners and dependents up to age 26.

MASA MTS provides peace of mind.

Be prepared for the unexpected with a MASA membership. No matter where you live, you could have access to vital emergency medical transportation for a minimal monthly fee. That membership could one day save your life, and, every day, it will give you peace of mind like nothing else.

MASA MTS protects you when your insurance falls short.

- One low fee for peace of mind for emergent transport costs
- No deductibles
- Easy claim process
- No health questions
- Anyone can join



A division of MASA Global

Any Ground. Any Air. Anywhere.

CANCER INSURANCE

American Fidelity | www.americanfidelity.com | 1.800.654.8489

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

CANCER INSURANCE		
MONTHLY PREMIUM	BASIC PLAN	ENHANCED PLAN
EMPLOYEE	\$15.80	\$31.62
EMPLOYEE + FAMILY	\$26.86	\$53.80

12-month pre-existing condition:

The plan doesn't cover pre-existing conditions. A pre-existing condition is any sickness or loss for which medical advice or treatment was received or recommended within 12 months prior to the effective date of coverage.

Actively at work:

If you are not actively at work when coverage is scheduled to become effective, your coverage does not take effect until you complete your first day at work.



AF™ Group Cancer Insurance

Focus on the fight.

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

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

Did You Know?

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

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

Plan Highlights

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

Cancer Insurance Benefits

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

Example cancer insurance benefits include:



Diagnostic and Prevention

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



Travel Expenses

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

AMERICAN FIDELITY 
a different opinion

Choose Your Coverage

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

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

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

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.

Plan Benefit Highlights

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Hospital Confinement Benefit Pays when the Covered Person requires Hospital confinement for at least 18 continuous hours. Hospital shall not include an institution, or part thereof, used by the Covered Person as a place for rehabilitation; a hospice unit, including any bed designated as a hospice or swing bed; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

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

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

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

Plan Benefit Highlights (cont.)

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

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

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

Donor Benefit Blood donor expenses are not covered.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Termination of Insurance Your coverage may be continued for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, your employment terminates, or you die. Your dependent's coverage will end if your coverage ends, premiums are not paid, they no longer meet the definition of a dependent or the policy is modified to exclude dependents. Your coverage can be terminated or premiums may be increased on any premium due date with 60 days advance written notice.

Marketed by:



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

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

CRITICAL ILLNESS INSURANCE

Aetna | www.aetna.com | 1.800.607.3366

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

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

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

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

Highlights include:

- Guaranteed issue for entire family – no medical history required
- Low and High plans available to meet your needs
- Plan pays lump-sum benefit amount of \$10,000, \$20,000, or \$30,000
- Covers Heart Attack, Stroke, Major Organ Transplant, Alzheimer's, Cancer, Kidney Failure, Skin Cancer (partial benefit), Coronary Artery by-pass, and many other partial benefit conditions.

CRITICAL ILLNESS PLAN

You may enroll in one option only

Non-Tobacco Rates

Employee Face Amount: \$10,000

Employee Face Amount: \$20,000

Age Band*	Employee	Employee + Spouse	Employee + Child	Family	Age Band*	Employee	Employee + Spouse	Employee + Child	Family
<30	\$4.80	\$8.52	\$4.80	\$8.52	<30	\$8.29	\$14.21	\$8.29	\$14.21
30-39	\$8.26	\$13.70	\$8.26	\$13.70	30-39	\$15.11	\$24.44	\$15.11	\$24.44
40-49	\$15.11	\$23.99	\$15.11	\$23.99	40-49	\$26.68	\$44.81	\$26.68	\$44.81
50-59	\$26.36	\$40.91	\$26.36	\$40.91	50-59	\$50.95	\$78.30	\$50.95	\$78.30
60-69	\$43.07	\$66.03	\$43.07	\$66.03	60-69	\$84.07	\$128.09	\$84.07	\$128.09

**Rates are based on the subscribers current age but will increase as you move into a higher age band.*

Aetna Critical Illness Plan

Plan Description

Aetna's critical illness plan provides cash benefits to help cover out-of-pocket costs that come with a covered critical illness such as heart attack, stroke or cancer.

Plan Eligibility

- Employee eligibility as defined by the Client. A minimum of at least 15 hours per week is required
- Eligible dependents include: Legal spouse, domestic partner, children under age 26 and provided they meet the definition of dependent child as defined by the state
- Retirees are not considered actively at work and therefore not eligible for this plan
- Coverage will not terminate due to age

Plan Highlights

- Guaranteed Issue
- Rate Guarantee for 36 months subject to all other terms in this Proposal
- Tobacco/Non-Tobacco rates
- Issue age bands
- 4 Tier Coverage options include: Employee, Employee & Spouse, Employee & Children, and Family
- Pre-ex waived
- HSA compatible
- Benefits paid to the employee
- Simplified Claims Process for Aetna medical members
- Online claims process for employees not enrolled in an Aetna medical plan
- Participation Requirement Waived

Plan Features

- Spouse Face Amount: 50%
- Child(ren) Face Amount: 50%
- Subsequent Critical Illness Diagnosis Benefit: 100% after 30 days
- Recurrence Critical Illness Diagnosis Benefit: 100% after 180 days
- Recurrence Cancer (invasive) Diagnosis Benefit: 100% after 180 days
- Recurrence Carcinoma in Situ Diagnosis Benefit (non-invasive): 100% after 180 days
- No benefit reductions due to age
- Health Screening Benefit
- Waiver of Premium
- Portable

Value Added Programs

Access to Aetna Discount Programs: including blood pressure monitors, weight-loss programs and meal plans, books and magazine subscriptions, gym memberships, health and wellness products, hearing and dental products, eye care and more.

Critical Illness Plan Benefits

Face Amounts

Covered Benefit	Amount
Employee face amount	\$10,000 \$20,000 \$30,000
Spouse face amount	50% of EE face amount
Spouse benefit amount	50% of EE benefit amount
Child(ren) face amount	50% of EE face amount
Child(ren) benefit amount	50% of EE benefit amount

Plan Features

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Subsequent critical illness diagnosis <i>Minimum days between diagnosis of different condition*</i>	100% 30 days
Recurrence critical illness diagnosis <i>Minimum days between diagnosis of same condition</i>	100% 180 days
Recurrence cancer (invasive) diagnosis <i>Minimum days between diagnosis of cancer (invasive)**</i>	100% 180 days
Recurrence carcinoma in situ diagnosis <i>Minimum days between diagnosis of carcinoma in situ**</i>	100% 180 days

* The separation period is waived if the subsequent diagnosis is in a different benefit category. Benefit category is defined as either cancer or non-cancer benefits.

** In addition to the separation period, the insured person must be treatment free during the separation period. Treatment does not include maintenance drug therapy or routine follow-up visits to a physician to confirm the initial cancer or carcinoma in situ has not returned.

Critical Illness Benefits – Autoimmune

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Lupus	25%
Multiple sclerosis	25%

Critical Illness Benefits - Chronic Condition

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Primary sclerosing cholangitis (PSC)	25%

Critical Illness Benefits - Infectious Disease

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Cholera	25%
Coronavirus	100%
Creutzfeldt-Jakob disease	25%
Diphtheria	25%
Ebola	25%
Encephalitis	25%
Hepatitis - occupational	25%
Human immunodeficiency virus (HIV) - occupational	25%
Legionnaire's disease	25%
Lyme disease	25%
Malaria	25%
Meningitis - amebic, bacterial, fungal, parasitic, viral	25%
Methicillin-resistant staphylococcus aureus (MRSA)	25%
Necrotizing fasciitis	25%
Osteomyelitis	25%
Pneumonia	25%
Poliomyelitis	25%
Rabies	25%
Rocky mountain spotted fever (RMSF)	25%
Septic shock and severe sepsis	25%
Tetanus	25%
Tuberculosis (TB)	25%
Tularemia	25%
Typhoid Fever	25%
Variant influenza virus (swine flu in humans)	25%
<i>Maximum infectious disease diagnosis per plan year</i>	<i>2</i>

Note: the following infectious disease benefits require a hospital stay of at least five days: Coronavirus, Creutzfeldt-Jakob disease, Ebola, Pneumonia, Septic shock and severe sepsis, Tularemia, Variant influenza virus (swine flu in humans)

Critical Illness Benefits – Neurological (Brain)

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Amyotrophic lateral sclerosis (ALS)	25%
Alzheimer's disease	25%
Benign brain or spinal cord tumor	100%
Coma (non-induced)	100%
Parkinson's disease	25%
Persistent vegetative state (PVS)	100%
Stroke	100%
Transient ischemic attack (TIA)	25%
<i>Maximum per lifetime</i>	<i>1</i>

Critical Illness Benefits – Other

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
End-stage renal or kidney failure	100%
Loss of hearing	100%
Loss of sight (blindness)	100%
Loss of speech	100%
Major organ failure	100%
Muscular Dystrophy	25%
Paralysis	
Quadriplegia	100%
Triplegia	75%
Paraplegia	50%
Hemiplegia	50%
Diplegia	50%
Monoplegia	25%
Third-degree burns	100%

Critical Illness Benefits – Vascular (Heart)

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Coronary artery condition requiring bypass surgery	25%
Heart attack (myocardial infarction)	100%
Sudden cardiac arrest	25%
<i>Maximum per lifetime</i>	1

Cancer Benefits

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Cancer (invasive)	100%
Carcinoma in situ (non-invasive)	25%
Skin cancer	\$1,000
<i>Maximum per lifetime</i>	1

*For those members who were diagnosed with cancer prior to their effective date of coverage under the Aetna plan and then receive another cancer diagnosis (the first time) while covered under the Aetna plan, we will treat their diagnosis as an 'initial' diagnosis under the Aetna plan.

Health Screening Benefit

Covered Benefit	Benefit Amount
Health screening*	\$50

*Covered Health Screenings

- Bone marrow screening
- Bone mass density measurement (DEXA, DXA)
- Biopsies for cancer
- Blood chemistry panel
- Breast sonogram
- Breast MRI
- Breast ultrasound
- Cancer antigen 125 blood test for ovarian cancer (CA 125)
- Carotid doppler ultrasound
- Chest x-ray (CXR)
- Cytologic screening
- Cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- Carcinoembryonic antigen blood test for colon cancer (CEA)
- Clinical testicular exam
- Colonoscopy
- Complete blood count (CBC)
- Dental exam
- Digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Electroencephalogram (EEG)
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Endoscopy
- Eye exam
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hearing test
- Hemocult stool analysis
- Hemoglobin A1C
- Human papillomavirus vaccination (HPV)
- Infectious disease testing
- Immunizations
- Lipoprotein profile (serum plus HDL, LDL, total cholesterol, and triglycerides)
- Mammography
- Oral cancer screening
- Pap smear
- Prostate specific antigen (PSA) test
- Routine health check-up exam
- Skin cancer biopsy
- Skin cancer screening
- Skin exam
- Serum protein electrophoresis (blood test for myeloma)
- Successful completion of smoking cessation program
- Stress test on bicycle or treadmill
- Test for sexually transmitted infections (STIs)
- Thermography
- ThinPrep pap test
- Two-hour post-load plasma glucose test
- Ultrasound for cancer detection
- Ultrasound screening for abdominal aortic aneurysms
- Virtual colonoscopy

Note: COVID-19 testing is covered as an eligible health screening benefit

Waiver of Premium

Covered Benefit	Benefit Amount
If, as a result of your covered critical illness, cancer (invasive), carcinoma in situ or skin cancer you miss 30 continuous days of work we will waive the premium beginning on the first premium due date that occurs after the 30 th day of your absence, through the next 6 months of coverage. During such absence, you must remain employed with the policyholder. The premium waiver does not apply to your covered dependents.	Included

Monthly Rates - Critical Illness Plan

Commission Percentage

65% / 5%

Non-Tobacco Rates

Tobacco Rates

	Employee	Employee & Spouse	Employee & Children	Family	Employee	Employee & Spouse	Employee & Children	Family
Face Amount \$10,000					\$10,000			
<30	\$4.80	\$8.52	\$4.80	\$8.52	\$5.63	\$9.76	\$5.63	\$9.76
30-39	\$8.26	\$13.70	\$8.26	\$13.70	\$11.25	\$18.20	\$11.25	\$18.20
40-49	\$15.11	\$23.99	\$15.11	\$23.99	\$24.39	\$37.95	\$24.39	\$37.95
50-59	\$26.36	\$40.91	\$26.36	\$40.91	\$47.77	\$73.11	\$47.77	\$73.11
60-69	\$43.07	\$66.03	\$43.07	\$66.03	\$82.42	\$125.23	\$82.42	\$125.23
70+	\$70.46	\$107.13	\$70.46	\$107.13	\$132.41	\$200.31	\$132.41	\$200.31
Face Amount \$20,000					\$20,000			
<30	\$8.29	\$14.21	\$8.29	\$14.21	\$9.95	\$16.71	\$9.95	\$16.71
30-39	\$15.11	\$24.44	\$15.11	\$24.44	\$21.11	\$33.45	\$21.11	\$33.45
40-49	\$28.68	\$44.81	\$28.68	\$44.81	\$47.24	\$72.73	\$47.24	\$72.73
50-59	\$50.95	\$78.30	\$50.95	\$78.30	\$93.76	\$142.70	\$93.76	\$142.70
60-69	\$84.07	\$128.09	\$84.07	\$128.09	\$162.77	\$246.50	\$162.77	\$246.50
70+	\$138.45	\$209.68	\$138.45	\$209.68	\$262.36	\$396.06	\$262.36	\$396.06
Face Amount \$30,000					\$30,000			
<30	\$11.78	\$19.91	\$11.78	\$19.91	\$14.27	\$23.65	\$14.27	\$23.65
30-39	\$21.97	\$35.18	\$21.97	\$35.18	\$30.96	\$48.70	\$30.96	\$48.70
40-49	\$42.24	\$65.63	\$42.24	\$65.63	\$70.08	\$107.50	\$70.08	\$107.50
50-59	\$75.54	\$115.69	\$75.54	\$115.69	\$139.75	\$212.28	\$139.75	\$212.28
60-69	\$125.07	\$190.16	\$125.07	\$190.16	\$243.11	\$367.76	\$243.11	\$367.76
70+	\$206.44	\$312.24	\$206.44	\$312.24	\$392.30	\$591.80	\$392.30	\$591.80

Any changes in benefit level or conditions stated above may result in a change in rates. The quoted rates are anticipated to be valid as of the Effective Date and apply only to the benefit level and conditions stated above and are subject to the terms and conditions set forth in the policy, and related documents for each product as well as applicable law.

Critical Illness Plan Coverage Exclusions and Limitations

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

Benefits under the policy will not be payable for a diagnosis related to the following:

1. Act of war, riot, war;
2. Assault, felony, illegal occupation, or other criminal act;
3. Care provided by immediate family members or any household member;
4. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, or any form of intentional asphyxiation, except when resulting from a diagnosed disorder;
5. Being under the influence of a stimulant (such as amphetamines), depressant, hallucinogen, narcotic or any other drug intoxicant, including those prescribed by a physician that are misused by the covered person, except when resulting from a diagnosed disorder;

The critical illness date of diagnosis must be on or after the effective date of the certificate and while coverage is in force. The diagnosis must be given or received in the United States or its territories.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

This plan provides limited benefits. The benefit payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have.

This plan does not count as Minimum Essential Coverage under the Affordable Care Act.

ACCIDENT INSURANCE

Aetna | www.aetna.com | 1.800.607.3366

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

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

ACCIDENT INSURANCE		
MONTHLY PREMIUM	PLAN 1	PLAN 2
EMPLOYEE	\$6.23	\$9.64
EMPLOYEE + SPOUSE	\$10.66	\$16.51
EMPLOYEE + CHILD(REN)	\$12.54	\$19.05
EMPLOYEE + FAMILY	\$16.76	\$25.47

Plan Description

Aetna's Accident plan pays members cash directly to help cover out-of-pocket costs, such as deductibles or coinsurance, day care, utility bills or whatever else they need as a result of a covered accident.

Plan Eligibility

- Employee eligibility as defined by the Client. A minimum of at least 15 hours per week is required
- Eligible dependents include: Legal spouse, domestic partner, children under age 26 and provided they meet the definition of dependent child as defined by the state
- Retirees are not considered actively at work and therefore not eligible for this plan

Plan Highlights

- Guaranteed Issue every year for employees and their families – even if coverage waived in the past
- Rate Guarantee for 36 months subject to all other terms in this Proposal
- 4 Tier Coverage options include: Employee, Employee & Spouse, Employee & Children, and Family
- HSA compatible
- Cash benefits paid directly to the employee
- Simplified Claims Process for Aetna medical members
- Online claims process for employees not enrolled in an Aetna medical plan
- Participation Requirement Waived

Plan Features

- Full schedule of benefits payable for accidental injuries including initial/follow-up treatment, ambulance trips, medical imaging, surgeries, concussion, dislocations and fractures, hospital stays, AD&D
- On/Off Job coverage
- Organized sports rider
- Waiver of premium
- Portable

Value Added Programs

Access to Aetna Discount Programs: including blood pressure monitors, weight-loss programs and meal plans, books and magazine subscriptions, gym memberships, health and wellness products, hearing and dental products, eye care and more.

Accident Plan Benefits

Each benefit is payable once per accident, unless stated otherwise. Details are in the Policy.

Initial Care

Covered Benefit	Plan 1	Plan 2	Plan 3
Ambulance			
Ground ambulance	\$300	\$300	\$300
Air ambulance	\$1,500	\$1,500	\$1,500
<i>Maximum trips per accident, air and ground combined</i>	1	1	1
Initial Treatment			
Emergency room/Hospital	\$100	\$150	\$200
Physician's office/Urgent care facility	\$100	\$150	\$200
Walk-in clinic/Telemedicine	\$50	\$50	\$50
<i>Maximum visits per accident, combined for all places of service</i>	1	1	1
<i>Maximum visits per plan year, combined for all places of service</i>	3	3	3
X-ray/Lab	\$25	\$50	\$75
Medical imaging	\$100	\$150	\$200

Follow-up Care

Covered Benefit	Plan 1	Plan 2	Plan 3
Accident follow-up			
Emergency room/Hospital	\$50	\$50	\$50
Physician's office/Urgent care facility	\$50	\$50	\$50
Walk-in clinic/Telemedicine	\$25	\$25	\$25
<i>Maximum visits per accident, combined for all places of service</i>	2	3	4
<i>Maximum visits per plan year, combined for all places of service</i>	6	9	12
Appliances			
Major: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair	\$100	\$200	\$300
Minor: Brace, cane, crutches, walker, walking boot, other medical devices to aid in your physical movement	\$50	\$100	\$150
Chiropractic treatment and alternative therapy	\$15	\$25	\$35
<i>Maximum visits per accident</i>	10	10	10
<i>Maximum visits per plan year</i>	30	30	30
Pain management (epidural anesthesia)	\$50	\$100	\$150
Prescription drugs	\$10	\$10	\$10
Prosthetic device/Artificial limb			
One limb	\$500	\$750	\$1,500
Multiple limbs	\$1,000	\$1,500	\$3,000
<i>Maximum benefit per accident</i>	1	1	1
Repair or replace	25%	25%	25%
<i>Maximum benefit per plan year</i>	1	1	1
Therapy services - Speech, occupational, or physical therapy or cognitive rehabilitation	\$15	\$25	\$35
<i>Maximum visits per accident</i>	10	10	10

Hospital Care

Covered Benefit	Plan 1	Plan 2	Plan 3
Hospital stay – admission (initial day)			
Non-ICU admission	\$500	\$1,000	\$1,500
ICU admission	\$1,000	\$2,000	\$3,000
Hospital stay – daily*			
Non-ICU daily	\$100	\$200	\$300
ICU daily	\$200	\$400	\$600
Step down intensive care unit daily	\$150	\$300	\$450
<i>Maximum days per accident (combined for all stays due to the same accident)</i>	365	365	365
Rehabilitation unit stay – daily	\$50	\$100	\$150
<i>Maximum days per accident</i>	30	30	30
Observation unit	\$100	\$100	\$100

* **Important Note:** All Hospital stay – daily benefits begin on day two.

Surgical Care

Covered Benefit	Plan 1	Plan 2	Plan 3
Blood/Plasma/Platelets	\$300	\$400	\$500
Eye Injury			
Surgical repair	\$200	\$300	\$400
Removal of foreign object	\$100	\$150	\$200
Surgery (without repair)			
Arthroscopic or exploratory	\$100	\$150	\$200
Surgery (with repair)			
Cranial, open abdominal or thoracic	\$1,000	\$1,500	\$2,000
Hernia	\$200	\$250	\$300
Ruptured disc	\$500	\$750	\$1,000
Tendon/Ligament/Rotator cuff			
Single repair	\$500	\$750	\$1,000
Multiple repairs	\$1,000	\$1,500	\$2,000
Torn knee cartilage	\$500	\$750	\$1,000
Non-Specified			
Inpatient	\$200	\$250	\$300
Outpatient	\$200	\$250	\$300
<i>Maximum benefits per accident, combined for all Surgery (without repair) and Surgery (with repair) benefits</i>	2	2	2

Transportation/Lodging Assistance

Covered Benefit	Plan 1	Plan 2	Plan 3
Lodging	\$200	\$200	\$200
<i>Maximum days per accident</i>	30	30	30
Transportation	\$300	\$300	\$300

Fractures and Dislocations

Covered Benefit	Plan 1	Plan 2	Plan 3
Dislocations – Closed Reduction*			
Hip	\$2,000	\$3,000	\$6,000
Knee	\$1,000	\$1,500	\$3,000
Ankle – bone or bones of the foot (other than toes)	\$500	\$750	\$1,500
Collarbone (sternoclavicular)	\$400	\$600	\$1,200
Lower jaw	\$400	\$600	\$1,200
Shoulder (glenohumeral)	\$400	\$600	\$1,200
Elbow	\$400	\$600	\$1,200
Wrist	\$400	\$600	\$1,200
Bone or bones of the hand (other than fingers)	\$400	\$600	\$1,200
Collarbone (acromioclavicular and separation)	\$100	\$150	\$300
Rib	\$100	\$150	\$300
One toe or one finger	\$100	\$150	\$300
Partial dislocation	25%	25%	25%
<i>Maximum dislocations per accident</i>	3	3	3
*Open reduction pays 2.0 times the closed reduction benefit value			
Fractures - Closed Reduction*			
Skull (except bones of the face or nose), depressed	\$2,750	\$4,125	\$8,250
Skull (except bones of the face or nose), non-depressed	\$2,750	\$4,125	\$8,250
Hip, thigh (femur)	\$1,150	\$1,725	\$3,450
Vertebrae, body of (excluding vertebral processes)	\$750	\$1,125	\$2,250
Pelvis (inc. ilium, ischium, pubis, acetabulum except coccyx)	\$750	\$1,125	\$2,250
Leg (tibia and/or fibula malleolus)	\$750	\$1,125	\$2,250
Bones of the face or nose (except mandible or maxilla)	\$400	\$600	\$1,200
Upper jaw, maxilla (except alveolar process)	\$400	\$600	\$1,200
Upper arm between elbow and shoulder (humerus)	\$400	\$600	\$1,200
Lower jaw, mandible (except alveolar process)	\$400	\$600	\$1,200
Collarbone (clavicle, sternum)	\$400	\$600	\$1,200
Shoulder blade (scapula)	\$400	\$600	\$1,200
Vertebral process	\$400	\$600	\$1,200
Forearm (radius and/or ulna)	\$300	\$450	\$900
Kneecap (patella)	\$300	\$450	\$900
Hand/foot (except fingers/toes)	\$300	\$450	\$900
Ankle/wrist	\$300	\$450	\$900
Rib	\$150	\$225	\$450
Coccyx	\$150	\$225	\$450
Finger, toe	\$150	\$225	\$450
Chip fracture	25%	25%	25%
<i>Maximum fractures per accident</i>	3	3	3

*Open reduction pays 2.0 times the closed reduction benefit value

AD&D and Paralysis

Covered Benefit	Plan 1	Plan 2	Plan 3
Accidental death			
Employee	\$25,000	\$50,000	\$100,000
Covered dependent spouse	\$12,500	\$25,000	\$50,000
Covered dependent children	\$12,500	\$25,000	\$50,000
Accidental death common carrier			
Employee	\$50,000	\$100,000	\$200,000
Covered dependent spouse	\$25,000	\$50,000	\$100,000
Covered dependent children	\$25,000	\$50,000	\$100,000
Accidental dismemberment			
Loss of arm	\$2,500	\$5,000	\$10,000
Loss of hand	\$2,500	\$5,000	\$10,000
Loss of leg	\$2,500	\$5,000	\$10,000
Loss of foot	\$2,500	\$5,000	\$10,000
Loss of sight	\$2,500	\$5,000	\$10,000
Loss of ability to speak	\$5,000	\$10,000	\$20,000
Loss of hearing	\$2,500	\$5,000	\$10,000
<i>Maximum dismemberments per accident (non-finger, toe)</i>	2	2	2
Loss of finger	\$250	\$500	\$1,000
Loss of toe	\$250	\$500	\$1,000
<i>Maximum dismemberments per accident (finger, toe)</i>	4	4	4
Home and vehicle alteration	\$500	\$1,000	\$1,500
Paralysis (Complete, Total and Permanent Loss)			
Quadriplegia	\$5,000	\$10,000	\$20,000
Triplegia	\$3,750	\$7,500	\$15,000
Paraplegia	\$2,500	\$5,000	\$10,000
Hemiplegia	\$2,500	\$5,000	\$10,000
Diplegia	\$2,500	\$5,000	\$10,000
Monoplegia	\$1,250	\$2,500	\$5,000

Other Accidental Injuries

Covered Benefit	Plan 1	Plan 2	Plan 3
Animal bite treatment			
Tetanus shot	\$100	\$100	\$100
Anti-venom shot	\$200	\$200	\$200
Rabies shot	\$300	\$300	\$300
Brain injury			
Concussion/Mild traumatic brain injury	\$100	\$150	\$200
Moderate/Severe traumatic brain injury	\$300	\$450	\$600
Burn			
Second degree burn, greater than 5% of total body surface	\$500	\$1,000	\$1,500
Third degree burn, less than 5% of total body surface	\$750	\$1,500	\$2,250
Third degree burn, 5-10% of total body surface	\$3,000	\$6,000	\$9,000
Third degree burn, greater than 10% of total body surface	\$9,000	\$18,000	\$27,000
Burn skin graft	50% of Burn	50% of Burn	50% of Burn
Coma/Persistent vegetative state (PVS)			
Coma (non-induced)	\$5,000	\$10,000	\$20,000
PVS	\$5,000	\$10,000	\$20,000
Coma (induced)	\$250	\$250	\$250
<i>Maximum days per accident</i>	10	10	10
Dental treatment			
Extractions	\$50	\$75	\$100
Crown	\$150	\$225	\$300
Gunshot wound	\$1,000	\$1,500	\$2,000
Laceration			
Without stitches	\$25	\$25	\$25
With stitches, less than 7.5 centimeters	\$75	\$75	\$75
With stitches, 7.6 - 20.0 centimeters	\$300	\$300	\$300
With stitches, greater than 20.0 centimeters	\$600	\$600	\$600
Posttraumatic stress disorder (PTSD)	\$500	\$500	\$500
<i>Maximum diagnoses per lifetime</i>	1	1	1
Service dog	\$1,500	\$1,500	\$1,500
<i>Maximum service dogs per your lifetime</i>	1	1	1

Waiver of Premium

Covered Benefit	Plan 1	Plan 2	Plan 3
If, as a result of an accidental injury, you miss 30 continuous days of work we will waive the premium beginning on the first premium due date that occurs after the 30 th day of your absence, through the next 6 months of coverage. During such absence, you must remain employed with the policyholder. The premium waiver does not apply to your covered dependents.	Included	Included	Included

Organized Sports Rider

Covered Benefit	Plan 1	Plan 2	Plan 3
If while you are playing as a registered member of an organized sporting activity, you sustain an accidental injury, benefits payable under the certificate will be increased by the percentage shown, except for the excluded benefits below:	25%	25%	25%

Excluded benefits for the Organized Sports Rider

- Accidental death
- Accidental death common carrier
- Animal bite
- Burn
- Burn skin graft
- Gunshot wound
- Service Dog

Monthly Rates - Accident Plan

Quoted Rates are guaranteed for 90 days from the date of this Proposal.

03/31/2022

Commission Percentage 65% / 5%

100% Voluntary

	Accident 2.0 Plan 1			
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	\$6.23	\$10.66	\$12.54	\$16.76

100% Voluntary

	Accident 2.0 Plan 2			
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	\$9.64	\$16.51	\$19.05	\$25.47

100% Voluntary

	Accident 2.0 Plan 3			
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	\$14.92	\$25.29	\$30.05	\$39.82

Employer may choose up to 2 plans to offer.

Any changes in benefit level or conditions stated above may result in a change in rates. The quoted rates are anticipated to be valid as of the Effective Date and apply only to the benefit level and conditions stated above and are subject to the terms and conditions set forth in the policy, and related documents for each product as well as applicable law.

This is accident-only insurance. It does not provide coverage for sickness. This is a supplement to health insurance and is not a substitute for major medical coverage or other minimum essential coverage.

Accident Plan Exclusions and Limitations

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

Benefits under the policy will not be payable for any care, service or supply for an accidental injury related to the following:

1. Certain competitive or recreational activities, including but not limited to: ballooning, bungee jumping, parachuting, skydiving;
2. Any semi-professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment;
3. Act of war, riot, war;
4. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not;
5. Assault, felony, illegal occupation, or other criminal act;
6. Bacterial infections that are not caused by a cut or wound from an accidental injury;
7. Care provided by immediate family members or any household member;
8. Elective or cosmetic surgery;
9. Nutritional supplements;
10. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, or any form of intentional asphyxiation, except when resulting from a diagnosed disorder;
11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
12. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant, including those prescribed by a physician that are misused;

We will not pay any benefits for a service or supply rendered or received that are not specifically covered or not related to an accidental injury.

The stay, visit or service must be on or after the effective date of coverage, while coverage is in force and take place in the United States or its territories.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

This plan provides limited benefits. The benefit payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have. This plan does not count as Minimum Essential Coverage under the Affordable Care Act.

IDENTITY THEFT PROTECTION

iLock360 | www.ilock360.com | 1.855.287.8888

Protect yourself and your family from the fastest growing crime in the US: Identity Theft. A low monthly cost provides protection by scouring the dark web for any compromised accounts and restores your identity with 24/7/365 support. This protection saves you money and time by relying on a service to handle all the details involved when your identity is stolen. Available to employee and family.

Highlights include:

- All employees eligible for Identity Theft Protection coverage
- Monitors your identity 24/7/365
- Personal email address required to sign up for this program

IDENTITY THEFT INSURANCE		
MONTHLY PREMIUM	iLock360	iLock360 + LEGALSHIELD
EMPLOYEE	\$8.95	\$27.90
EMPLOYEE + FAMILY	\$18.95	\$33.90

LEGAL PLAN

LegalShield | www.legalshield.com | 1.800.654.7757

Pre-paid legal provides access to a variety of legal services for you and your family at an affordable cost. Call an 800 number to access legal counsel and advice from qualified lawyers.

Highlights include:

- Family Law, Estate Law, Civil Lawsuits, Vehicle Law, Real Estate Law, Money Matters and Elder Care issues
- Benefits of the preparation of Living Trusts, Living Wills, Powers of Attorney and Will
- Preparation/ Review of Affidavits, Deeds, Demand Letters, Document Reviews, Mortgages and Promissory Notes
- Adoption and Legitimization, Guardianship, Name Change, Prenuptial Agreement, protection from Domestic Violence, Juvenile Court of Defense, Debt Collection defense and Tax Audit Representation
- Letter preparation, a checklist and an online library of all necessary recovery forms and documents to resolve and restore your name are also available

PREPAID LEGAL INSURANCE		
MONTHLY PREMIUM	LEGALSHIELD	iLock360 + LEGALSHIELD
EMPLOYEE	\$18.95	\$27.90
EMPLOYEE + FAMILY	\$18.95	\$33.90



HAVE YOU EVER?

- Worried about being a victim of identity theft?
- Your personal information impacted by a data breach?
- Concerned about your childs' or loved ones' identities?
- Lost your wallet?
- Is your credit being impacted by financial fraud?
- Feared the security of your medical information?

- Needed your Will prepared or updated
- Been overcharged for a repair or paid an unfair bill
- Had trouble with a warranty or defective product
- Signed a contract
- Received a moving traffic violation
- Had concerns regarding child support

WHAT ARE iLOCK360 AND LEGALSHIELD?

iLOCK360 is a comprehensive identity theft monitoring, full-service identity restoration service that helps you stay vigilant in protecting your identity. **Identity theft is now the fastest growing crime in the U.S. - occurring once every 2 seconds.**

LegalShield was founded in 1972, with the mission to make equal justice under law a reality for all North Americans. As a LegalShield member, you can talk to a lawyer on any personal legal matter, no matter how trivial or traumatic, all without worrying about high hourly costs.

YOUR MEMBERSHIPS INCLUDE

- FULL-SERVICE IDENTITY RESTORATION.**
Rest assured that iLOCK360 will **work on your behalf to restore your identity.** Our experts can complete all restoration activities *for you*, and we can even help you with pre-existing conditions.
- PEACE OF MIND.**
56% of victims have to take time off work to resolve an identity theft case on their own. With iLOCK360, you have experienced professionals in your corner to restore your identity, so you can spend your time doing what you do best.
- CyberAlertSM Dark Web Surveillance**
Our exclusive technology **scours the Dark Web 24/7/365** to identify trading or selling of your personal information.
 - one Social Security Number
 - two Phone Numbers
 - two Email Addresses
 - five Credit/Debit Cards
 - two Medical ID Numbers
 - five Bank Accounts
 - one Driver's License Number
 - one Passport

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

PLEASE NOTE:

- A valid email address is **required** for enrollment in iLOCK360. All iLOCK360 alerts and notifications are sent via email. Consider utilizing an email that you check regularly.
- Account activation & setup of monitored elements is required upon the start of your district's new benefit plan year.

Monthly Payroll Deduction	EMPLOYEE	FAMILY
iLOCK360	\$8.95	18.95
LegalShield	\$18.95	\$18.95
iLOCK360 + LegalShield	\$27.90	\$33.90

BEST PRICING YOU CAN FIND.
SAVE \$4 by purchasing the *combined* iLOCK360 + LegalShield Plan **TODAY** during Open Enrollment

For more information, please call your Independent Associate:

JASON LAVENDER
 512-740-3322 | jlavender@ilock360.com

Learn more about the protections that iLOCK360 offers:

PLAN FEATURES	SERVICE DESCRIPTION	
IDENTITY THEFT RESOLUTION SERVICES		
<p>Full-Service Identity Theft Restoration & Lost Wallet Protection</p> <div data-bbox="99 380 553 506" style="border: 1px solid blue; padding: 5px; display: inline-block;"> <p>MOST VALUABLE SERVICE. Dependable help that's just a phone call away!</p> </div>	<p>If your identity is compromised, a U.S.-based certified <i>Identity Theft Restoration Specialist</i> will work on your behalf to restore your good name, so that you can get on with your life. All restoration activities can be completed for you, and your case will be managed until your identity is fully restored. Even pre-existing conditions can be dealt with.</p> <p>Restoration Specialists offer robust case knowledge in both credit and non-credit fraud situations and can help you with closing accounts, re-ordering cards, placing a fraud alert with each of the three credit bureaus, and removing fraudulent activity from your credit report.</p>	<p>✓ ✓</p>
<p>\$1M Identity Theft Insurance</p>	<p>If you incur expenses associated with your identity theft recovery, you will be covered with \$1M reimbursement (\$0 deductible). Covered costs include:</p> <ul style="list-style-type: none"> • Lost wages or income • Attorney and legal fees • Expenses incurred for refiling of loans, grants and other lines of credit • Costs of childcare and/or elderly care incurred as a result of identity restoration 	<p>✓</p>
COMPREHENSIVE IDENTITY MONITORING		
<p>CyberAlert™ monitors:</p> <ul style="list-style-type: none"> <li style="width: 50%;">• one Social Security Number <li style="width: 50%;">• two Medical ID Numbers <li style="width: 50%;">• two Phone Numbers <li style="width: 50%;">• five Bank Accounts <li style="width: 50%;">• two Email Addresses <li style="width: 50%;">• one Drivers License Number <li style="width: 50%;">• five Credit/Debit Cards <li style="width: 50%;">• one Passport 	<p>We scour Internet properties, including the Dark Web, as well as hacker websites, blogs, bulletin boards, peer-to-peer sharing networks and chat rooms to identify the illegal trading and selling of your personal information.</p>	<p>✓ ✓</p>
<p>Change of Address Monitoring</p>	<p>A thief may try to establish "your" new identity by changing your address. Receive an alert if your mail is redirected through the USPS National Change of Address (NCOA) Registry.</p>	<p>✓</p>
<p>Court/Criminal Records Monitoring</p>	<p>Tracks municipal court systems and notifies you if a crime has been committed under your name and date of birth.</p>	<p>✓</p>
<p>Payday Loan Monitoring</p>	<p>High-interest, easy-to-obtain payday loans can negatively impact your credit score. Alerts you if a non-credit loan been opened using your identity at a payday or quick cash loan provider.</p>	<p>✓</p>
<p>Social Security Number Trace</p>	<p>Provides you with a report of all names and/or aliases as well as current and reported addresses associated with your Social Security number. If there are findings that you don't recognize, this could be a sign of possible identity theft.</p>	<p>✓ ✓</p>
CREDIT MONITORING SERVICES		
<p>Bank Account Takeover & Credit Card Application Monitoring</p>	<p>Notifies you when your Social Security number and personal information have been used to apply for or open a new bank or credit card account; or if changes have been made to your existing bank account - such as an attempt to add a new account holder.</p>	<p>✓</p>
<p>Daily Monitoring of Experian Credit Bureau</p>	<p>Provides credit protection with monitoring from Experian. Provides you with notifications for changes in a credit report such as loan data, inquiries, new accounts, judgments, liens and more.</p>	<p>✓</p>
<p>ScoreTracker</p>	<p>Receive a monthly report that helps you understand how your credit score has trended over time and what is impacting it with credit score insight.</p>	<p>✓</p>
ADVANCED TOOLS		
<p>Sex Offender Alerts</p>	<p>Keep your family safe with awareness of where registered sex offenders live in your immediate area. You'll also be notified when a new one moves to your area.</p>	<p>✓</p>
<p>Social Media Monitoring</p>	<p>Receive notifications if the content you share on social media could pose a privacy or reputational risk. With Family coverage, you can monitor your child's social media presence.</p>	<p>✓</p>
<p>✓ adults ✓ children to age 18</p>		

PLEASE NOTE:

- A valid email address is **required** for enrollment in iLOCK360. All iLOCK360 alerts and notifications are sent via email. Consider utilizing an email address that you check regularly.
- Account activation & setup of monitored elements is required upon the start of your district's new benefit plan year.

For more information, please call your Independent Associate:

JASON LAVENDER

512-740-3322 | jlavender@ilock360.com

Rev 01.29.19

TELEHEALTH

Wellvia | www.wellviasolutions.com | 1.855.935.5842

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

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

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

TELEHEALTH	
MONTHLY PREMIUMS	
EMPLOYEE + FAMILY	\$10.00

COBRA

First Financial Administrators, Inc. | www.ffga.com | 1.800.523.8422, 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.

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.

ART

Active to Retirement Transitioning

HELPING YOU HAVE A SMOOTH
AND EASY TRANSITION



CONGRATULATIONS!

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

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

Retirement Planning

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

Health Insurance

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

Supplemental Benefits

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

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

Planning for your future is important, and you don't have to do it alone!
Let the experts at First Financial assist you through this process. Contact us today!



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CONTACT INFORMATION

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FIRST FINANCIAL GROUP OF AMERICA
Valerie Clinkscales, Senior Account
Administrator
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CONTACTS

BENEFIT	CARRIER	WEBSITE	PHONE
Medical	BCBSTX	www.bcbstx.com/trsactivecare	866.355.5999
Prescription Benefits	CVS Caremark	https://info.caremark.com/trsactivecare	866.355.5999
Prescription Discounts	CleverRX	cleverrx.com/ffga	800.873.1195
Dental	Ameritas	www.ameritas.com	800.487.5553
Vision	Ameritas	www.ameritas.com	800.487.5553
FSA/DCA/HSA	FFGA	www.ffga.com	866.853.3539
Term Life Insurance	BCBSTX	www.bcbstx.com/ancillary/employees	877.442.4207
Permanent Life Insurance	Texas Life	www.texaslife.com	800.283.9233
Disability	The Standard	www.standard.com	800.654.8489
Cancer	AFA	www.americanfidelity.com	800.654.8489
Critical Illness	Aetna	www.aetna.com	800.607.3366
Accident	Aetna	www.aetna.com	800.607.3366
Medical Transport	MASA	www.masamts.com	800.643.9032
Telehealth	Wellvia	www.wellviasolutions.com	855.935.5842
Hospital Indemnity	Aetna	www.aetna.com	800.607.3366
Prepaid Legal	Legal Shield	www.legalshield.com	800.654.7757
Identity Theft	iLock360	ilock360.com	855.287.8888