



MEDINA VALLEY ISD EMPLOYEE BENEFITS GUIDE

2024 - 2025 Plan Year



EMPLOYEE BENEFITS CENTER

YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

Medina Valley ISD and First Financial are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer, as well as find claims, important phone number, and enrollment information.

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

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



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Medina Valley ISD offers eligible employees a competitive benefits package that includes both district-paid and voluntary products. We have worked closely with First Financial (FFGA) to provide you with a variety of benefits and resources to help you reach your healthcare and retirement needs. Details of all available benefits can be found on the Employee Benefits Center website, <https://ffbenefits.ffga.com/medinavalleyisd/>

Be sure to read the product descriptions carefully so you are well prepared before enrollment begins. If you have questions, feel free to reach out to your First Financial Account Manager or your Benefits department.

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MID-YEAR BENEFIT CHANGES

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

QUALIFYING LIFE EVENTS INCLUDE:

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

DECLINING COVERAGE

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

SECTION 125 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 have to 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.*

2024-25 UBC Rate Sheet



Plan Summary

	Value HD	Basic HD	Standard	Enhanced
	<ul style="list-style-type: none"> Lowest Premiums Copays for Doctor visits before you meet deductible Nationwide Network No PCP referrals Free Generic Drugs 	<ul style="list-style-type: none"> Low Premiums Nationwide Network No PCP referrals Free Preventative Generic Drugs Compatible with a Health Savings Account (HSA) 	<ul style="list-style-type: none"> Low Deductibles and Out-of-Pocket Maximums Copays for doctor visits Nationwide Network No PCP referrals Free Generic Drugs 	<ul style="list-style-type: none"> Low Deductibles and Out-of-Pocket Maximums Copays for doctor visits Nationwide Network No PCP referrals Free Generic Drugs
Monthly Premiums				
Employee Only	\$95	\$140	\$190	\$320
Employee & Spouse	\$1,090	\$1,240	\$1,290	\$1,365
Employee & Child(ren)	\$485	\$570	\$630	\$730
Employee & Family	\$1,180	\$1,410	\$1,495	\$1,925
Plan Features				
Type of Coverage	In Network Only	In Network Only	In Network Only	In Network Only
Individual / Family Deductible	\$6,000 / \$12,000	\$3,500 / \$7,000	\$2,750 / \$5,500	\$2,250 / \$4,500
Coinsurance	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible
Individual / Family Maximum Out-of-Pocket	\$9,250 / \$18,500	\$8,050 / \$16,100	\$9,000 / \$18,000	\$8,000 / \$16,000
Doctor Visits				
Primary Care	\$75 Copay (Limited to 2 per year w/Specialist)	30% after Deductible	\$40 Copay	\$40 Copay
Specialist	\$100 Copay (Limited to 2 per year w/PCP)	30% after Deductible	\$75 Copay	\$75 Copay
Recuro 24/7 Virtual Acute & Behavioral	\$0	\$0	\$0	\$0
Immediate Care				
Urgent Care	30% after Deductible	30% after Deductible	\$50 Copay	\$50 Copay
ER - Emergency Care	30% after Deductible	30% after Deductible	30% after Deductible	30% after Deductible
ER - Non Emergency Care	Not Covered	Not Covered	Not Covered	Not Covered
Recuro 24/7 Virtual Acute & Behavioral	\$0	\$0	\$0	\$0
Prescription Drugs				
Drug Deductible	\$500 (Brand /Specialty ONLY)	Integrated with Medical	\$500 (Brand /Specialty ONLY)	\$500 (Brand /Specialty ONLY)
Generics (30 Day Supply/90 Day Supply)	\$0 Retail and Mail Order	\$0 after Deductible	\$0 Retail and Mail Order	\$0 Retail and Mail Order
Preferred Brand	30% after Deductible	30% after Deductible	30% Retail / \$300 Mail Order	\$75 Retail / \$150 Mail Order
Non-Preferred Brand	30% after Deductible	30% after Deductible	30% Retail / \$300 Mail Order	\$200 Retail / \$400 Mail Order
Specialty	50% up to a Max of \$2,500	50% after Deductible to a Max of \$2,500	50% up to a max of \$2,500	50% up to a max of \$2,500
International Mail Order	\$0 Brand / Specialty (No Deductible)	\$0 Brand / Specialty (after Deductible)	\$0 Brand / Specialty (No Deductible)	\$0 Brand / Specialty (No Deductible)

Wellness Benefits at No Extra Cost

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

Additional Services

Patient Choice Program

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

International Pharmacy (Can-Path)

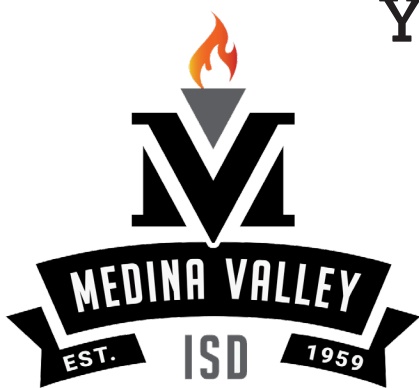
- Free or Low Cost Mail Order Prescriptions

Employee Health Benefits 2024-25



Medina Valley ISD

Which Plan is Right for
You?



Questions to Consider

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

Benefits for UBC Members

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

Choice and Control

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

Need Assistance?
help@UBC-Benefits.com

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



Value - Medical Plan

Overview

The MVISD Value Plan is designed to serve as a High Deductible offering, granting employees and their dependents the lowest monthly premiums in exchange for higher annual deductibles and out-of-pocket maximums. Unlike the Basic HD Plan, the Value Plan provides affordable, yet limited, office visit copays for Primary Care Physicians and Specialists. With in-network benefits, no need for physician referrals, free generic drugs, and low drug deductibles on brand name drugs, this plan provides the greatest monthly premium savings to all plan members.

Covered	Monthly Premium
• Employee	• \$95
• Employee + Spouse	• \$1,090
• Employee + Child(ren)	• \$485
• Employee + Family	• \$1,180



Value - Plan Quick-Reference

Refer to plan documents for limitations and additional information.

Value - Medical Plan

Features	Your Network Costs	Your Out-of-Network Costs
Annual Deductible	\$6,000 individual/\$12,000 family	N/A
Coinsurance (after the annual deductible is met)	30% after deductible	N/A
Annual Out-of-Pocket Maximum	\$9,250 individual/\$18,500 family	N/A
Physician Services		
Office Visits - Primary	\$75 Copay (Limited to 2 per year w/Specialist)	N/A
Office Visits - Specialist	\$100 Copay (Limited to 2 per year w/PCP)	N/A
Urgent Care Visits	30% after deductible	N/A
Emergency Care Visits	30% after deductible	N/A
Non-Emergency use of Emergency Care Service	Not covered	N/A
Virtual Health/Behavioral (Recuro)	\$0 per consultation	N/A
Prescription Drugs		
Drug Deductible	\$500 - Brand/Specialty Only	
Generic (30/90 Day Supply)	\$0 Retail and Mail Order	
Preferred Brand	30% after deductible	
Non-Preferred Brand	30% after deductible	
Specialty	50% up to a maximum of \$2,500 per script	
International Mail-Order	Brand and Specialty \$0, (no deductible)	

Refer to plan documents for limitations and additional information.

Value - Medical Plan

Features	Your Network Costs	Your Out-of-Network Costs
Maternity Services		
Routine Prenatal Care	30% after deductible	N/A
Delivery in Hospital	30% after deductible	N/A
Newborn Care in Hospital (Routine)	30% after deductible	N/A
Additional Services		
Inpatient Hospital	30% after deductible	N/A
Outpatient Surgery	30% after deductible	N/A
Outpatient Surgery - Patient Choice	\$0, no deductible	N/A
Lab & X-ray Outpatient (major)	30% after deductible	N/A
Lab & X-ray Outpatient (major) - Patient Choice	\$0, no deductible	N/A
Lab & X-ray Outpatient (minor)	30% after deductible	N/A
Hospital Emergency Care Services (treated as network)	30% after deductible	N/A
Non-Emergency use of Emergency Care Services	Not covered	N/A
Chiropractic	30% after deductible	N/A

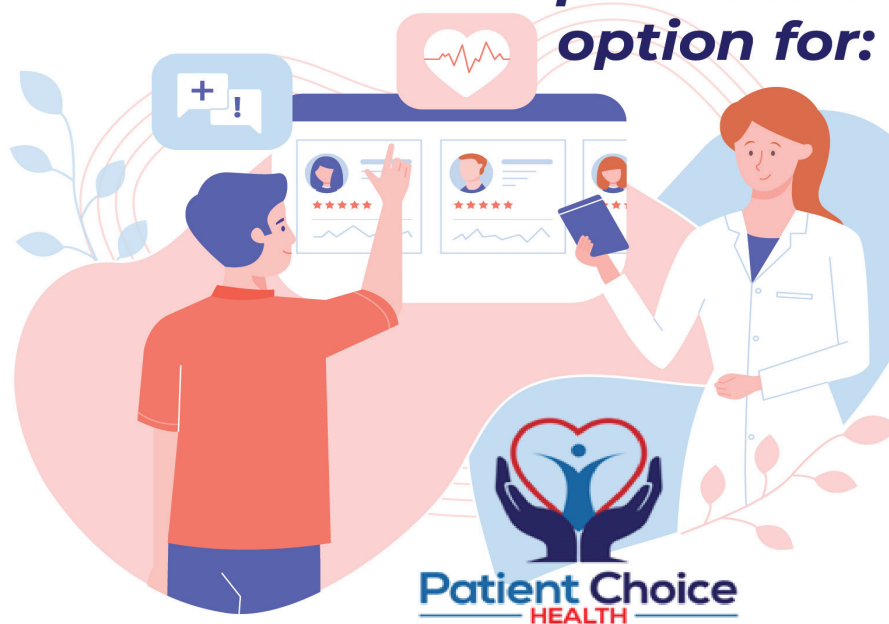
Refer to plan documents for limitations and additional information.

Value - Medical Plan (continued)

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

*Subject to Affordable Care Act requirements.

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



Outpatient surgeries, such as:

- Shoulder Surgery
- Knee Surgery
- Hernia Surgery

Complex/major imaging.

- MRI's
- CAT Scans
- PET Scans

Rehabilitation Therapies

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

No deductible needs to be met and zero co-pay

Contact Us:

888.557.8550

UBC@patientchoicehealth.com

Basic HD - Medical Plan

Overview

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

Covered	Monthly Premium
<ul style="list-style-type: none">• Employee	<ul style="list-style-type: none">• \$140
<ul style="list-style-type: none">• Employee + Spouse	<ul style="list-style-type: none">• \$1,240
<ul style="list-style-type: none">• Employee + Child(ren)	<ul style="list-style-type: none">• \$570
<ul style="list-style-type: none">• Employee + Family	<ul style="list-style-type: none">• \$1,410



Basic HD - Plan Quick-Reference

Refer to plan documents for limitations and additional information.

Basic HD - Medical Plan

Feature	Your Network Costs	Your Out-of-Network Costs
Annual Deductible	\$3,500 individual/\$7,000 family	N/A
Coinsurance (after the annual deductible is met)	30% after deductible	N/A
Annual Out-of-Pocket Maximum	\$8,050 individual/\$16,100 family	N/A
Physician Services		
Office Visits - Primary	30% after deductible	N/A
Office Visits - Specialist	30% after deductible	N/A
Urgent Care Visits	30% after deductible	N/A
Emergency Care Visits	30% after deductible	N/A
Non-Emergency use of Emergency Care Services	Not covered	N/A
Virtual Health/Behavioral (Recurro)	\$0 per consultation	N/A
Prescription Drugs		
Drug Deductible	Integrated with medical	
Generic (30/90 Day Supply)	\$0 after deductible	
Preferred Brand	30% after deductible	
Non-Preferred Brand	30% after deductible	
Specialty	50% up to a maximum of \$2,500 per script	
International Mail-Order	Brand and Specialty \$0, after deductible	

Refer to plan documents for limitations and additional information.

Basic HD - Medical Plan (continued)

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

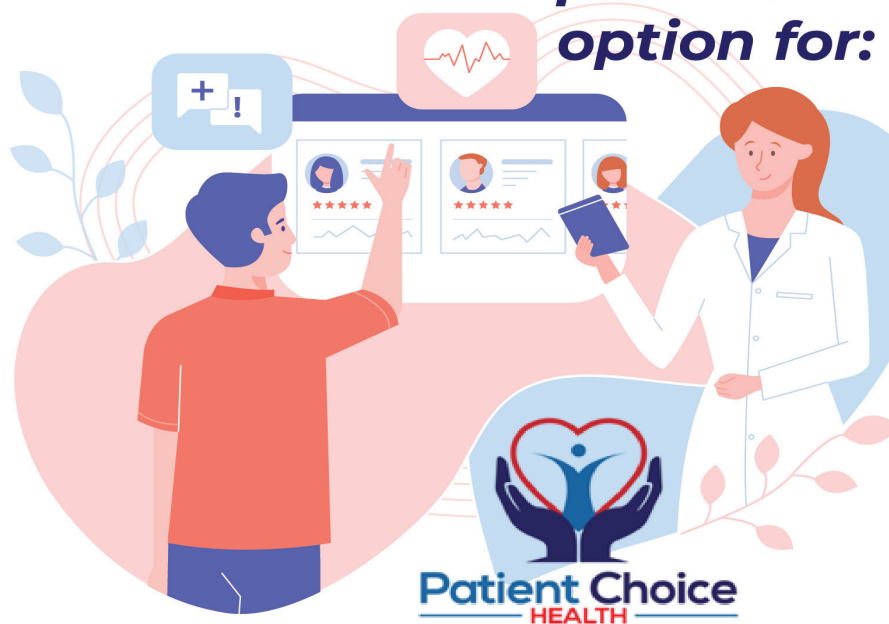
Refer to plan documents for limitations and additional information.

Basic HD - Medical Plan (continued)

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

*Subject to Affordable Care Act requirements.

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



Outpatient surgeries, such as:

- Shoulder Surgery
- Knee Surgery
- Hernia Surgery

Complex/major imaging.

- MRI's
- CAT Scans
- PET Scans

Rehabilitation Therapies

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

No deductible needs to be met and zero co-pay

Contact Us:

888.557.8550

UBC@patientchoicehealth.com

Standard - Medical Plan

Overview

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

Covered	Monthly Premium
<ul style="list-style-type: none">• Employee	<ul style="list-style-type: none">• \$190
<ul style="list-style-type: none">• Employee + Spouse	<ul style="list-style-type: none">• \$1,290
<ul style="list-style-type: none">• Employee + Child(ren)	<ul style="list-style-type: none">• \$630
<ul style="list-style-type: none">• Employee + Family	<ul style="list-style-type: none">• \$1,495



Standard - Plan Quick-Reference

Refer to plan documents for limitations and additional information.

Standard - Medical Plan

Feature	Your Network Costs	Your Out-of-Network Costs
Annual Deductible	\$2,750 individual/\$5,500 family	N/A
Coinsurance (after the annual deductible is met)	30% after deductible	N/A
Annual Out-of-Pocket Maximum	\$9,000 individual/\$18,000 family	N/A
Physician Services		
Office Visits - Primary	\$40 copay	N/A
Office Visits - Specialist	\$75 copay	N/A
Urgent Care Visits	\$50 copay	N/A
Emergency Care Visits	30% after deductible	N/A
Non-Emergency use of Emergency Care Services	Not covered	N/A
Virtual Health/Behavioral (Reuro)	\$0 per consultation	N/A
Prescription Drugs		
Drug Deductible	\$500 Brand/Specialty Only	
Generic (30/90 Day Supply)	\$0	
Preferred Brand	30% retail/\$300 mail-order / International mail-order \$0	
Non-Preferred Brand	30% retail/\$300 mail-order / International mail-order \$0	
Specialty	50% up to a maximum of \$2,500 per script	
International Mail-Order	Brand and Specialty \$0, no deductible	

Refer to plan documents for limitations and additional information.

Standard - Medical Plan (continued)

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

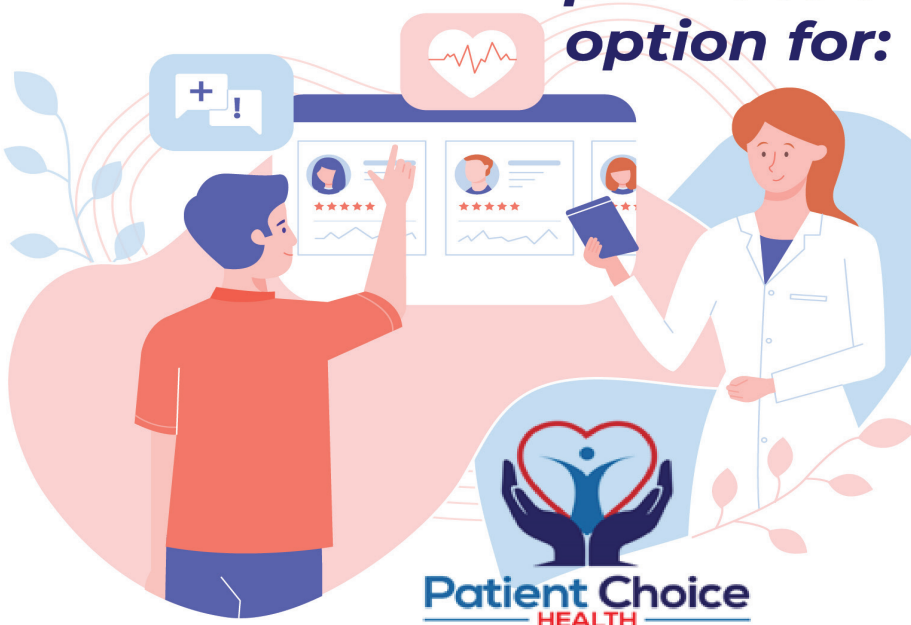
Refer to plan documents for limitations and additional information.

Standard - Medical Plan (continued)

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

*Subject to Affordable Care Act requirements.

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



Outpatient surgeries, such as:

- Shoulder Surgery
- Knee Surgery
- Hernia Surgery

Complex/major imaging.

- MRI's
- CAT Scans
- PET Scans

Rehabilitation Therapies

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

No deductible needs to be met and zero co-pay

Contact Us:

888.557.8550

UBC@patientchoicehealth.com

Enhanced - Medical Plan

Overview

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

Covered	Monthly Premium
• Employee	• \$320
• Employee + Spouse	• \$1,365
• Employee + Child(ren)	• \$730
• Employee + Family	• \$1,925



Enhanced - Plan Quick-Reference

Refer to plan documents for limitations and additional information.

Enhanced - Medical Plan

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

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional information.

Enhanced - Medical Plan (continued)

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

*Subject to Affordable Care Act requirements.

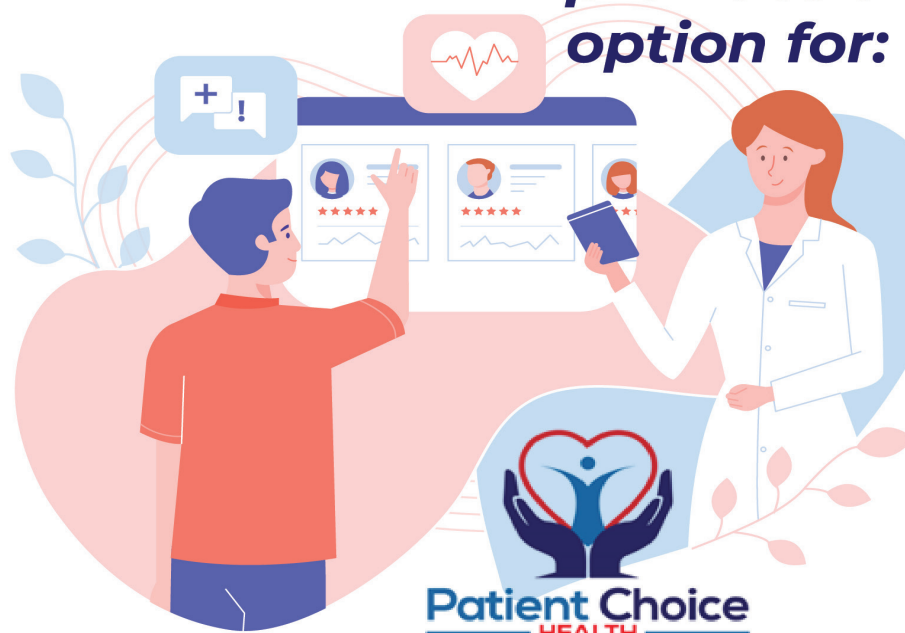
Refer to plan documents for limitations and additional information.

Enhanced - Medical Plan (continued)

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

*Subject to Affordable Care Act requirements.

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



Outpatient surgeries, such as:

- Shoulder Surgery
- Knee Surgery
- Hernia Surgery

Complex/major imaging.

- MRI's
- CAT Scans
- PET Scans

Rehabilitation Therapies

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

No deductible needs to be met and zero co-pay

Contact Us:

888.557.8550

UBC@patientchoicehealth.com

FINDING A DOCTOR IN OUR DIRECTORY IS EASY



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

SEARCH YOUR PLAN'S NETWORK IN FOUR SIMPLE STEPS



Step 1

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



Step 2

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



Step 3

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



Step 4

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

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

Search first. Then choose Cigna.

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

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

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

Together, all the way.®



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

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

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Attention: Members Taking a Brand-Name Medication!

As your new pharmacy savings program, VerusPath would like to inform you of an additional benefit added to your pharmacy plan. VerusPath is excited to bring you cost-saving opportunities on your **brand-name** medications through [CANPath](#), our Canadian Pharmacy Program!

Just a few of the benefits to using the CANPath Program are:

- ✓ 90-Day Supplies → Shipped Directly to You
 - ✓ \$0.00 Copayment
- ✓ Significant Cost-Savings to Your Plan

On hundreds of medications, such as:

- ✓ Humira
- ✓ Ozempic
- ✓ Jardiance
- ✓ Trulicity
- ✓ Farxiga
- ✓ Lantus Solostar
- ✓ And Many More!

Please note that generic medications are not applicable for this cost-saving opportunity. If you are taking a brand-name medication that is eligible for the program, you will be contacted by phone and/or email by a VerusPath Patient Advocate. We will work directly with your provider to have a new prescription sent to our Canadian Pharmacy Partner.

If you have additional questions about the [CANPath Program](#), please call [1-800-838-0007](tel:1-800-838-0007) or email VerusPath@Verus-Rx.com. Our Patient Advocates are available Monday through Friday, from 9:00AM until 5:00PM CST.



Welcome to

VERUSPATH

This program is being offered to you as a part of your pharmacy benefit plan!

There are three main components to the **VerusPath** Program, which are intended to save you and your employer money on your pharmacy fills!



CAN-Path

The CanPath Program is available on select **brand-name** and high-cost **Specialty** drugs. Our Patient Advocates will work with you and your provider to fill your medication (if eligible) through our partnered Canadian Pharmacy. This is a brick-and-mortar retail pharmacy, located in Canada, that VerusRx contracts with to ship three-month supplies of your medication directly to your door.

The best part?

These medications arrive at **no cost to you.** No payment information needs to be provided, as there is no copayment and no shipping or handling fees. If your medication(s) is eligible for this cost-saving opportunity, a **VerusPath** Patient Advocate will reach out to you directly.

Key Items to Remember:

If a Patient Advocate from **VerusPath** calls or emails you, we are trying to save you money on your prescriptions! It is very important to return our call or email as soon as possible!



The PAPath Program refers to Patient Assistance Programs that are available for most Specialty medications. If you are currently taking a **Specialty medication** (these are generally high-cost medications used to treat complex, chronic conditions) that has a Patient Assistance Program available, a **VerusPath** Patient Advocate will reach out to you directly to discuss the steps and information needed for successful enrollment.

Key Items to Remember:

Our goal is to keep the process as quick and easy as we possibly can, while saving you and your employer as much money as possible.

Communication is key to make this program successful!

Please note, Patient Assistance Programs will typically cover your drug cost **in full**, saving you and your employer money on each refill.



The CoPath Program refers to **copay cards** (also known as coupon cards) being applied to your medication at the pharmacy. If your drug has a coupon card available, our **VerusPath** Patient Advocates will proactively reach out to your pharmacy on your behalf to apply the card toward your claim.

No action is needed from you for this program to apply!

Key Items to Remember:

We are always here to help answer any questions you may have, or to help you to feel comfortable during the process.

Please email us at VerusPath@Verus-Rx.com, or call us at 800-838-0007.



Dear Plan Member,

We're excited to welcome you to the RxBenefits family. As a friendly reminder, we have partnered with your district and OptumRx to bring you best-in-class pharmacy benefits. Our goal is to ensure your safety, make every effort to reduce your out-of-pocket costs, and promptly address any questions or issues that may arise to ensure you get the maximum value from your new benefits plan.

This packet is designed exclusively for you, and includes the following helpful resources that provide important information about your pharmacy plan:

- **Prescription Benefit Coverage**
This document gives you an easy-to-understand breakdown of all the important details of the coverage through your new pharmacy plan.
- **Member Services Support Contact Information**
Our professional member services representatives are available to support you should any questions or issues arise.
- **Details on Accessing OptumRx's Website & Mobile App**
Your District has selected OptumRx as your backend claims manager, giving you access to one of the largest national pharmacy networks. OptumRx's web portal and app will help you manage your medications anywhere, anytime, search for the nearest retail pharmacy, and check drug interactions.
- **Information on How to Sign-Up for Mail Order**
Get up to a three-month supply of your maintenance medication(s) delivered safely and reliably right to your door. Save time and money!

Your permanent ID card(s) will be distributed to you shortly by your medical vendor. If you need to fill a prescription before your card(s) arrives, simply provide all of the information on the card below to the pharmacy to process your request.





RxBIN: 610011
RxPCN: IRX
RxGRP: RXBENEFIT

Beginning June 1, 2022, please contact RxBenefits with questions regarding prescription coverage:

Plan Members call Member Support: 800.933.0765
Pharmacists call Pharmacy Help Desk: 800.880.1188

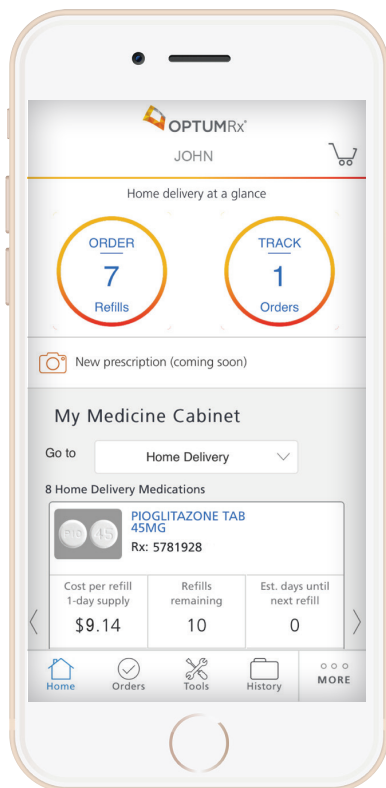
As always, RxBenefits' Member Services team is available to answer any questions you may have. You can reach them Monday – Friday from 7:00 a.m. to 8:00 p.m. CT by calling 800.933.0765 or emailing CustomerCare@rxbenefits.com.

Please reach out to us at any time if you have any questions or concerns. We are thrilled to be partnering with you to take your pharmacy benefit to the next level.

Sincerely,
Your RxBenefits Team



The OptumRx app



The OptumRx® App makes the online pharmacy experience as simple as possible. You can easily:

- Refill or renew a home delivery prescription
- Transfer a retail prescription to home delivery
- Find drug prices and lower-cost options
- View your prescription claim history or order status
- Locate a pharmacy
- Access your ID card, if your plan allows
- Set up refill reminders
- Track your order



Download the OptumRx App now
from the Apple® App Store or Google Play™.



The OptumRx App: the most convenient way to manage your prescriptions.

Simple

You can easily refill a medication or transfer a retail prescription to home delivery.

Current

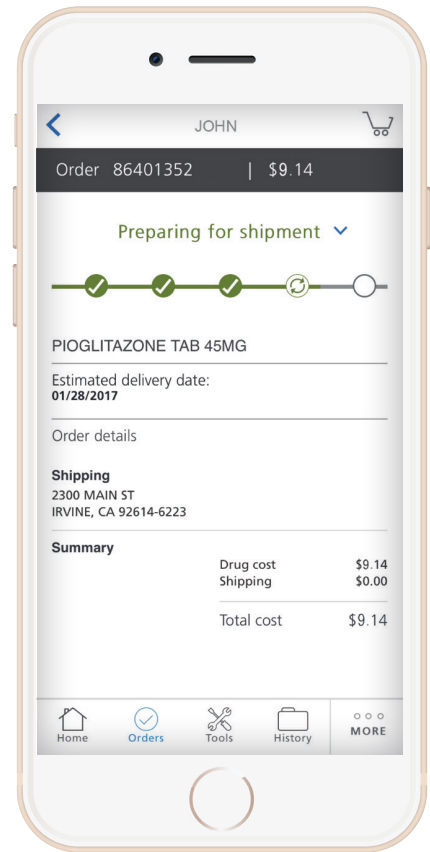
Prescription Drug Lists change frequently; the OptumRx App updates automatically, giving you quick access to the most current drug coverage information.

Personalized

Access a complete profile of your prescriptions when you view your online Medicine Cabinet. You can see all your recent and past prescriptions.

Save time and money

Compare prescription drug options as well as identify potential cost savings.



The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

Free services are provided to help you communicate with us, such as letters in other languages or large print. You may also ask to speak with an interpreter. To ask for help, please call the toll-free phone number listed on your ID card.

ATENCIÓN: Si habla **español (Spanish)**, La compañía no discrimina por raza, color, nacionalidad, sexo, edad o discapacidad en actividades y programas de salud.

Se brindan servicios gratuitos para ayudarle a comunicarse con nosotros, como cartas en otros idiomas o en letra grande. También puede solicitar comunicarse con un intérprete. Para solicitar ayuda, llame al número de teléfono gratuito que figura en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，公司不会基于种族、肤色、国籍、性别、年龄或残疾而在健康计划和活动中歧视任何人。

为帮助您与我们沟通，我们提供一些免费服务，例如用其他语言书写的信件或大字体。您也可以要求与口译员对话。欲寻求帮助，请拨打您的 ID 卡上列出的免费电话号码。



OptumRx specializes in the delivery, clinical management and affordability of prescription medications and consumer health products. We are an Optum[®] company — a leading provider of integrated health services. Learn more at optum.com.

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Discover the convenience of home delivery from OptumRx



Home delivery is safe and reliable, and you get:

- A three-month supply of your medication, saving you time and possibly money
- Free standard shipping
- Phone access to pharmacists 24 hours a day, 7 days a week
- Helpful reminders letting you know when to take or refill your medications

It's easy to sign up and start saving. Just choose one of the options below:

- Ask your doctor to send an electronic prescription to OptumRx.
- Visit [optumrx.com](https://www.optumrx.com) or use the OptumRx app. From there, you can fill new prescriptions, transfer others to home delivery and more.
- Call the toll-free number on your member ID card to speak to a customer service advocate.



**Manage your medication from your mobile phone.
Download the OptumRx® app today.**



RxBenefits' Pharmacy FAQ

Who is RxBenefits?

Founded in 1995, Birmingham, AL-based RxBenefits is the employee benefit industry's first and only technology-enabled pharmacy benefits optimizer (PBO). We are a growing team of more than 500 pharmacy pricing, contract, service, technology, data, and clinical experts that work together as one team towards one common goal: putting the benefit back in pharmacy benefits. We focus exclusively on helping employee benefits consultants, and their self-insured clients, access and deliver an affordable, best-in-class pharmacy benefit.

How Do I Learn More About My Prescription Benefits?

Your pharmacy benefits are part of the specific insurance coverage selected by your employer, and are designed to help you access your prescriptions at the right time and at the best cost. Simply present your prescription benefit ID card and prescription at the in-network retail pharmacy of your choice. The pharmacist will use your prescription and member information to determine if the medication is covered by your plan, and if so, your co-payment or co-insurance.

Details of your specific benefits plan including drug coverage can be found in your Prescription Benefit Coverage (PBC). The PBC is a snapshot of your health plan's co-pays, benefits, covered healthcare services, and other features that are important to you and your family in easy-to-understand terms. If you have any questions or issues, please call RxBenefits' Member Services Team at 800.933.0765.

Where can I get my prescriptions filled in-person?

Your pharmacy benefit gives you access to a large retail pharmacy network that includes thousands of pharmacies throughout the United States. That means you have convenient access to your prescriptions wherever you are - at home, work, or even on vacation. You'll get the most from your benefits by using a participating pharmacy. For a list of participating pharmacies, access your PBM's website for more information.

Note: Choosing a non-network pharmacy means you'll pay the full cost of the prescription up front. You will need to then submit a claim form to your plan for reimbursement.

What Is A Drug List/Formulary?

All prescription benefit plans, including yours, use what is called a "formulary" that may also be referred to as a drug list. The formulary / drug list contains brand-name and generic medications that are covered by your plan. All medications on the formulary have been approved by the Food & Drug Administration (FDA) and have been reviewed and recommended by your plan's Pharmacy & Therapeutics (P&T) Committee. The P&T Committee is an independent group of practicing doctors, pharmacists, and other healthcare professionals responsible for the research and decisions surrounding the drug list based on various factors including their safety and effectiveness.

If your healthcare provider prescribes a medication that is not on the drug list/formulary, it will not be covered, and you will be responsible for the full cost of the medication. If your healthcare provider prescribes a non-covered medicine, talk with them about prescribing a medication that is on the drug list/formulary instead.

Please call the Member Services number on the back of your ID card at any time to determine if a particular medication is (or is not) on your approved formulary and covered by your plan. Or you can refer to your Prescription Benefit Coverage (PBC) for coverage limitations and exclusions.

What Is A Prior Authorization?

Certain prescription drugs may require a "prior authorization" before you can fill the prescription. Some drugs require prior authorization because they may not be a good fit for every patient. Prior Authorization ensures your safety and helps limit your out of pocket costs.

When a medication requires prior authorization, your healthcare provider will need to send documentation to an independent pharmacy reviewer who will review the documentation to ensure the medication is a good fit for you and your benefit coverage. If you use home delivery, it is important that your prescriber obtain prior authorization before you can fill your prescription.

We never want you to go without an appropriate medication to treat your condition. If you are having trouble getting a medication filled because it requires prior authorization, please call the Member Services number on the back of your ID card. We will do everything we can to assist you and your healthcare provider in getting the prior authorization processed promptly.

What Is The Difference Between Generic & Brand Medications? How Does It Affect My Benefits?

A brand-name drug is usually available from only one manufacturer and may have patent protection. A generic drug is required by law to have the same active ingredients as its brand-name counterpart but is available only after the patent expires on a brand-name drug. You can typically save money by using generic medications.

Are generic medications as safe and effective as brand-name drugs?

Yes. Generic medications are regulated by the FDA. In order to pass FDA review and be A-rated, the generic drug is required to be therapeutically equivalent to its counterpart brand-name medication. It must have the same active ingredients as well as the same dosage and strength.

Why are generic medications less expensive?

Normally, a generic drug is introduced to the market only after the patent has expired on its brand-name counterpart. At that point, it can be offered by more than one manufacturer, increasing competition. Generic drug manufacturers generally price their products below the cost of the brand-name versions in order to compete.

How can I request a generic medication?

Your healthcare provider and pharmacist are the best sources of information about generic medications. Simply ask one of them if your prescription can be filled with an equivalent generic medication. You may be subject to higher cost sharing for brand drugs.

Can My Prescription Be Switched To A Drug With A Lower Co-Payment?

If your current prescription medication is not a generic, call your healthcare provider and ask if it's appropriate for you to switch to a lower cost generic drug. The decision is up to you and your healthcare provider.

You can also select lower cost options from your PBM's website where you manage your current prescriptions. You'll get information to discuss with your healthcare provider and the tools to get started.

How Do I Order Medications Using Home Delivery?

Home delivery is a convenient service for members who take medications to treat a chronic condition on an ongoing basis. Examples of conditions that may require maintenance medications include hormone replacement, asthma, diabetes, high blood pressure, high cholesterol, arthritis, and many other routine prescriptions delivered directly to your door so you never miss a dose. Depending on how your plan is designed, ordering maintenance medications using home delivery may also be more cost-effective. Check your plan details for more information on how copays vary using home delivery vs. a retail pharmacy.

I Am Going To Be Out Of Town For An Extended Period.**How Do I Get An Extra Supply Of Drugs To Cover Me For That Time?**

If you are going to be out of town for an extended period and need extra medication, call the member services number on the back of your member ID card to request a vacation override. You must provide the member services representative with both the date you are leaving and the date you are returning. RxBenefits will place the override in the system and you can pick up your medication at your local pharmacy.

Who do I contact with questions about my specific plan and/or medications?

Your RxBenefits Member Services Team is available to answer any questions you may have. You can reach them Monday – Friday from 7:00 a.m. to 8:00 p.m. CT by calling **800.933.0765** or emailing CustomerCare@rxbenefits.com.



Member Services Quick Reference Card

Member Services for Member Support

RxBenefits' experienced, high-performing call center team delivers a superior level of service.

Availability

Member Services assists you with questions or concerns regarding your pharmacy benefits such as:

- Benefit Details
- Claims Status
- Pharmacy Network
- Coverage Determination/Inquiries
- Mail and Specialty Scripts
- Pharmacy Information

800.933.0765 or
CustomerCare@rxbenefits.com
7:00 AM to 8:00 PM CT
Monday – Friday

Key Details on Common Issues

Pharmacy Benefits & Coverage Inquiries

As plan members, you and your dependents can call for questions related to:

- Coverage Questions
- Clinical Programs
- Copay
- Deductible Issues

Paper Claims

Submit prescription receipts along with your specific PBM's claim form to be processed for direct reimbursement. Claims should be mailed to the address listed on your ID card or fax them to RxBenefits at 205.449.5225.





Virtual Urgent Care

Getting Started

INTRODUCTION

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

Consult Fee: \$0

HOW TO ACCESS

01

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

02

Enter your employer member ID

03

Create your username and password

04

Complete your medical history

05

Schedule your consult

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



Example Conditions Treated

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



customerservice@recurohealth.com | 855.6RECURO | Scan QR Code to Download





Virtual Therapy

Getting Started

INTRODUCTION

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

HOW TO ACCESS

01

Sign up with the Recuro Care app or visit the webpage below to access:
"member.recurohealth.com"

02

Enter your employer member ID

03

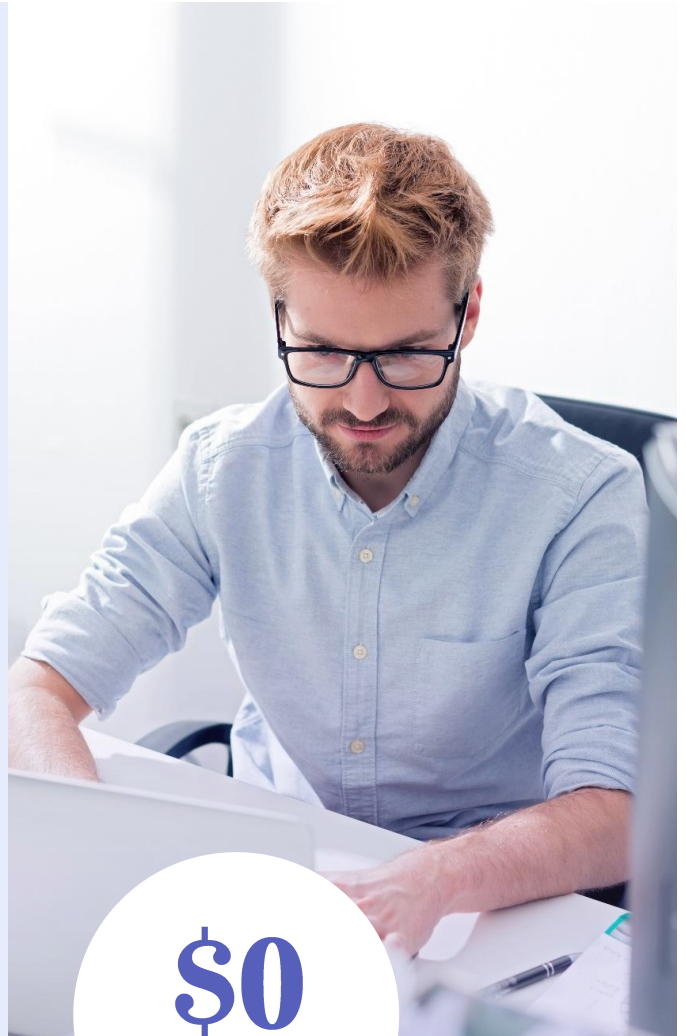
Create your username and password

04

Complete intake and wellness assessment

05

Schedule your consult



\$0

Consults

Example Conditions Treated

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



customerservice@recurohealth.com | 855.6RECURO | Scan QR Code to Download



Medical Plan Benefits Questions?



ubc-benefits.com/mvisd-benefits
(case sensitive)

help@ubc-benefits.com

Specific Medical Coverage Questions?



Allegiance Customer Service Line:
(855) 999-6808

Questions About Prescription Cost and Coverage?



RxBenefits Help Line
(800) 933-0765



Dental Insurance

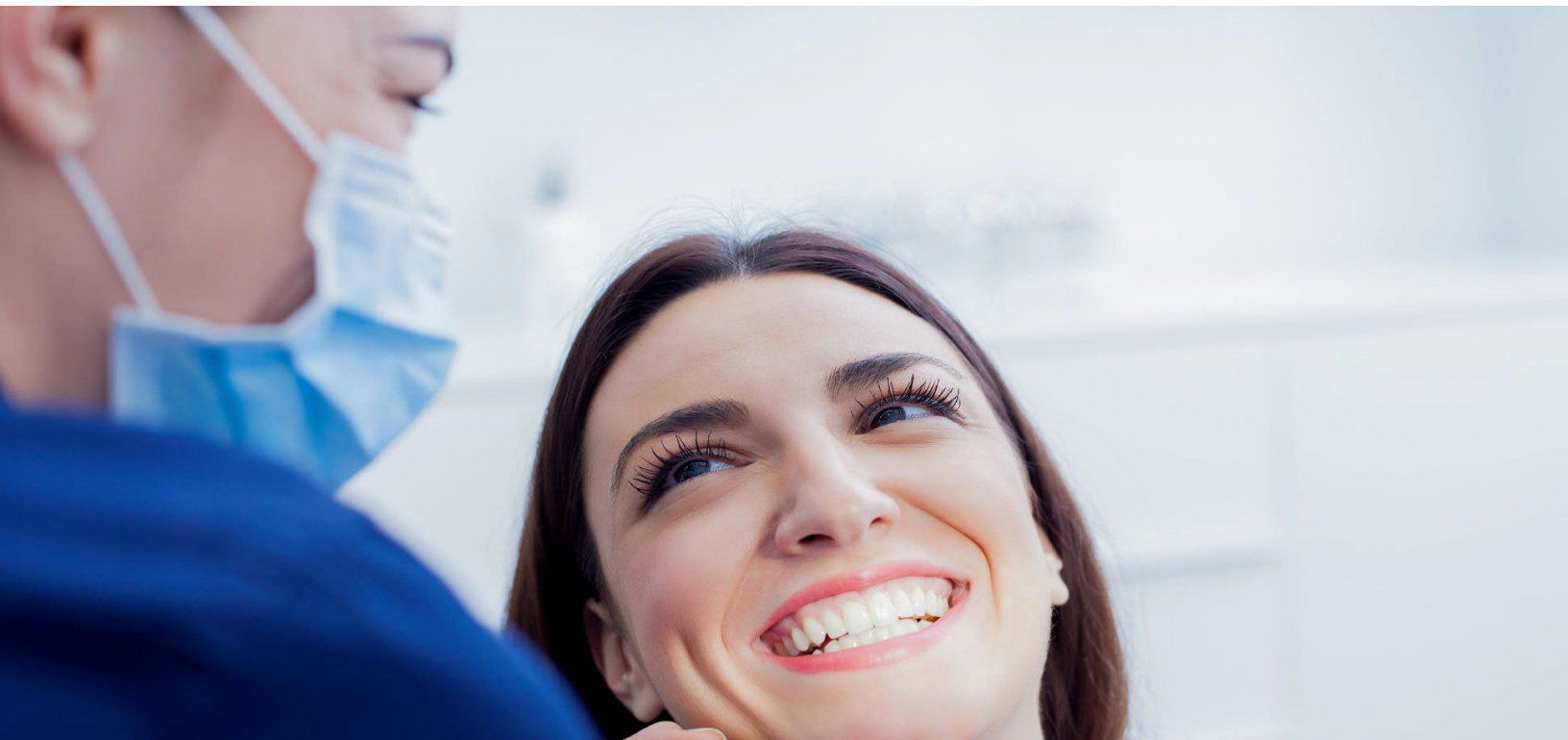


Humana | www.humana.com | 1.800.233.4013

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 the right 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		
	Preventive	Traditional
EMPLOYEE ONLY	\$21.38	\$45.68
EMPLOYEE + SPOUSE	\$42.44	\$92.16
EMPLOYEE + CHILD(REN)	\$35.38	\$77.02
EMPLOYEE + FAMILY	\$57.04	\$121.34





Humana Dental Preventive Plus 14

TX Prev+ U&C 100/50/0
Medina Valley ISD

TEXAS

Services	In-network dentist	Out-of-network dentist U&C 90
Deductible (excludes orthodontia services)	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Deductible applies to all services excluding preventive services.		
Annual maximum (excludes orthodontia services)	\$1,000	
Preventive services Routine oral examinations (2 per year) Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) Panoramic x-rays (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 6+) Routine cleanings (2 per year) Fluoride treatment (1 per year, through age 14) Sealants (permanent molars, through age 14) Space maintainers (primary teeth, through age 14) Oral Cancer Screening (1 per year, ages 40 and older)	100% no deductible	
Basic services Emergency care for pain relief Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) Composite fillings (1 per tooth every 2 years, molar teeth) Routine extractions Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)	50% after deductible	



Services	In-network dentist	Out-of-network dentist U&C 90
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Major services

- Crowns
- Inlays and onlays
- Bridges
- Dentures
- Denture relines and rebases
- Denture repair and adjustments
- Implants
- Periodontics (gums)
- Endodontics (root canals)

These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services.

Orthodontia services

- Adult and child orthodontia

These services are not covered under this plan. Members may receive a discount on non-covered services and may contact their participating provider to determine if any discounts are available on non-covered services.

Humana will reimburse out-of-network claims based on internal and external data (including FairHealth industry benchmarks) to establish reimbursement limits by geographic region. Out of network dentists may bill members for charges above the amount covered by the dental plan.

Waiting periods

Employer-sponsored funding: 10+ enrolled employees

Enrollment type ¹	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	Not available	Not available

¹ Late applicant enrollment will have the following waiting periods: 12 months basic services.



Questions?

Visit [Humana.com](https://www.humana.com) or call **866-427-7478**
Monday – Saturday, 8 a.m. – 11 p.m., and
Sunday, 11 a.m. – 8 p.m., Eastern time.
Find a dentist at [Humana.com/findadentist](https://www.humana.com/findadentist).



Register today!

Register or sign in to MyHumana at [Humana.com](https://www.humana.com) to view your coverage details, ID cards, manage claims, find a dentist and more!

Missing tooth clause:
See plan document for more details.

Insured by Humana Insurance Company.

This is not a complete disclosure of plan qualifications and limitations. Your agents will provide you with specific limitations and exclusions as contained in the Regulatory and Technical Information Guide. Please review this information before applying for coverage. The amount of benefits provided depends upon the plan selected. Premiums will vary according to the selection made.



Humana Dental Traditional Plus 14

TX Trad+ O1K U&C 100/80/50
Medina Valley ISD

TEXAS

Services	In-network dentist	Out-of-network dentist U&C 90
Deductible (excludes orthodontia services)	Individual: \$50 Family: \$150	Individual: \$50 Family: \$150
Deductible applies to all services excluding preventive services.		
Annual maximum (excludes orthodontia services)	\$1,000 + extended annual maximum (see section below)	
Preventive services Routine oral examinations (2 per year) Bitewing x-rays (2 films under age 10, up to 4 films ages 10 and older) Panoramic x-rays (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 6+) Routine cleanings (2 per year) Fluoride treatment (1 per year, through age 14) Sealants (permanent molars, through age 14) Space maintainers (primary teeth, through age 14) Oral Cancer Screening (1 per year, ages 40 and older)	100% no deductible	100% no deductible
Basic services Emergency care for pain relief Amalgam fillings (1 per tooth every 2 years, composite for anterior/front teeth) Composite fillings (1 per tooth every 2 years, molar teeth) Oral surgery (including extractions of impacted teeth) General anesthesia ¹ Stainless steel crowns Harmful habit appliances for children (1 per lifetime, through age 14) Endodontics (root canals 1 per tooth per lifetime and 1 re-treatment)	80% after deductible	80% after deductible

¹ Only covered in conjunction with covered oral surgical procedures. Other restrictions may apply.



Services	In-network dentist	Out-of-network dentist U&C 90
<p>Major services</p> <p>Crowns (1 per tooth every 5 years)</p> <p>Inlays/onlays (1 per tooth every 5 years)</p> <p>Bridges (1 every 5 years)</p> <p>Dentures (1 every 5 years)</p> <p>Denture relines/rebases (1 every 3 years, following 6 months of denture use)</p> <p>Denture repair and adjustments (following 6 months of denture use)</p> <p>Implants (crowns, bridges, and dentures each limited to 1 per tooth every five years)</p>	50% after deductible	50% after deductible
<p>Extended Annual Max</p> <p>Additional coverage for preventive, basic, and major services after the annual maximum is met (excludes orthodontia)</p>	30%	30%
<p>Orthodontia services</p>	Child orthodontia - Covers children through age 18. Plan pays 50 percent (no deductible) of the covered orthodontia services, up to: \$1,000 lifetime orthodontia maximum.	

Humana will reimburse out-of-network claims based on internal and external data (including FairHealth industry benchmarks) to establish reimbursement limits by geographic region. Out of network dentists may bill members for charges above the amount covered by the dental plan.

Waiting periods

Employer-sponsored funding: 10+ enrolled employees

Enrollment type ²	Preventive	Basic	Major ³	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No

² Late applicant enrollment will have the following waiting periods: 12 months basic & major services, 12 months orthodontia.

³ Waiting periods do not apply to endodontic or periodontic services unless a late applicant.



Questions?

Visit Humana.com or call **866-427-7478**
Monday – Saturday, 8 a.m. – 11 p.m., and
Sunday, 11 a.m. – 8 p.m., Eastern time.
Find a dentist at Humana.com/findadentist.



Register today!

Register or sign in to MyHumana at Humana.com to view your coverage details, ID cards, manage claims, find a dentist and more!

Vision Insurance



Humana | www.humana.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	\$9.14
EMPLOYEE + 1	\$18.30
EMPLOYEE + FAMILY	\$28.86





Services	In-network provider (Member cost)	Out-of-network provider (Reimbursement)
Exam with dilation as necessary	\$10	Up to \$30
Retinal imaging*¹	Up to \$39	Not covered
Contact lens exam²		
Standard contact lens fit and follow-up	\$0	Up to \$30
Premium contact lens fit and follow-up	10% off retail less \$55 allowance	Up to \$30
Frames³	\$160 allowance, 20% off balance over \$160	\$80 allowance
Standard plastic lenses		
Single vision	\$10	Up to \$25
Bifocal	\$10	Up to \$40
Trifocal	\$10	Up to \$60
Lenticular	\$10	Up to \$100
Lens options⁴		
UV coating*	\$15	Not covered
Tint (solid and gradient)*	\$15	Not covered
Standard scratch-resistance*	\$15	Not covered
Standard polycarbonate - Adults*	\$40	Not covered
Standard polycarbonate - Children <19	\$0	Not covered
Standard anti-reflective coating	\$10	Up to \$25
Premium anti-reflective coating		
• Tier 1	\$22	Up to \$25
• Tier 2	\$33	Up to \$25
• Tier 3	80% of charge less \$35 allowance	Up to \$25
Standard progressive (add-on to bifocal)	\$10	Up to \$40
Premium progressive		
• Tier 1	\$45	Up to \$40
• Tier 2	\$55	Up to \$40
• Tier 3	\$70	Up to \$40
• Tier 4	\$25 copay, 80% of charge less \$120 allowance	Up to \$40
Photochromatic / Plastic transitions*	\$75	Not covered
Polarized*	20% off retail	Not covered

* This service is not a covered benefit under your insurance policy. However, this service may be available to members from participating providers at the discounted rate shown. Members should confirm pricing with their provider.



Services	In-network provider (Member cost)	Out-of-network provider (Reimbursement)
Contact lenses⁵ (applies to materials only)		
Conventional	\$160 allowance, 15% off balance over \$160	\$128 allowance
Disposable	\$160 allowance	\$128 allowance
Medically necessary	\$0	\$210 allowance
Frequency		
Examination	Once every 12 months	Once every 12 months
Lenses or contact lenses	Once every 12 months	Once every 12 months
Frame	Once every 24 months	Once every 24 months
Diabetic eye care: Care and testing for diabetic members		
Examination	\$0	Up to \$77
• Up to (2) services per year		
Retinal imaging	\$0	Up to \$50
• Up to (2) services per year		
Extended Ophthalmoscopy	\$0	Up to \$15
• Up to (2) services per year		
Gonioscopy	\$0	Up to \$15
• Up to (2) services per year		
Scanning laser	\$0	Up to \$33
• Up to (2) services per year		

¹Member costs may exceed \$39 with certain providers. Members may contact their participating provider to determine what costs or discounts are available.

²Standard contact lens exam fit and follow up costs and premium contact lens exam discounts up to 10% may vary by participating provider. Members may contact their participating provider to determine what costs or discounts are available.

³Discounts may be available on all frames except when prohibited by the manufacturer.

⁴Lens option costs may vary by provider. Members may contact their participating provider to determine if listed costs are available.

⁵Plan covers contact lenses or lenses for frames, but not both.

Optional benefits

Polycarbonate lenses for children <19 Provides for standard polycarbonate lens with \$0 copay.



Additional plan discounts

- Member may receive a 20% discount on items not covered by the plan at network providers. Members may contact their participating provider to determine what costs or discounts are available. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered. Certain brand name vision materials may not be eligible for a discount if the manufacturer imposes a no-discount practice. Frame, Lens, & Lens Option discounts apply only when purchasing a complete pair of eyeglasses. If purchased separately, members may receive 20% off the retail price.
- Members may also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision. Since Lasik or PRK vision correction is an elective procedure, performed by specialty trained providers, this discount may not always be available from a provider in your immediate location.



Questions?

Visit **Humana.com** or call **877-398-2980**
Monday – Saturday, 8 a.m. – 11 p.m., and
Sunday, 11 a.m. – 8 p.m., Eastern time.
Find a vision provider at **Humana.com/find-care**.



Register today!

Register or sign in to MyHumana at **Humana.com**
to view your coverage details, ID cards, manage
claims, find a vision provider and more!

Flexible Spending Accounts



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

HEALTH CARE FSA

A Health Flexible Spending Account (Health FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan.

Your employer has chosen the roll-over option for your Health FSA plan. This option allows you the opportunity to rollover funds up to the IRS maximum limits (\$610 for 2023). Keep in mind that balances over this maximum allowable amount will be forfeited.

Your maximum contribution amount for 2024 is \$3,200

HIGHLIGHTS

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- Be conservative – any money left in your account (above the rollover amount) at the end of the plan year will be forfeited.
- Use your benefits card to pay for qualified expenses upfront so you don't have to spend 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: 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 name.

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.

	2024	2025
HSA Contribution Limit	<ul style="list-style-type: none">Self Only: \$4,150Family: \$8,300	<ul style="list-style-type: none">Self Only: \$4,300Family: \$8,550
HDHP Minimum Deductibles	<ul style="list-style-type: none">Self Only: \$1,600Family: \$8,050	<ul style="list-style-type: none">Self Only: \$1,600Family: \$8,300
<i>\$1,000 catch-up contributions (age 55 or older)</i>		

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.

FSA RESOURCES

BENEFITS CARD

The First Financial Benefits Card is available to all employees that participate in 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 eligible dependents that 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 90 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.
- Dependent Care FSA Contributions are not loaded upfront. Funds become available as contributions are made to your account.

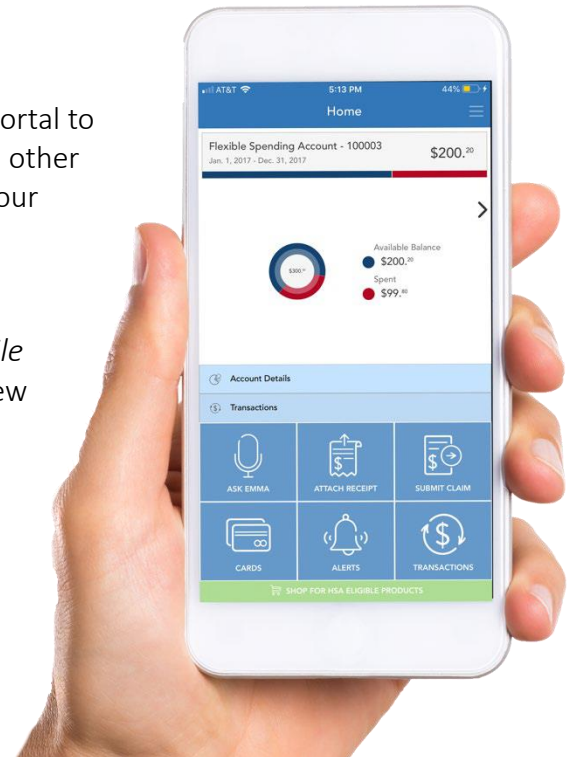
ONLINE FSA PORTAL

Flexible Spending Account participants can log in to their online FSA portal to access account balances, check on claims, upload receipts and access other account details. Visit <https://ffga.com/individuals> to login or set up your account.

FF MOBILE APP

Managing your benefit accounts on the go is made easy with *FF Mobile App*. This powerful, intuitive mobile application gives you access to view your account balances, update your profile, submit a claim and much more – right from your Android or Apple device.

- Access account Information
- View card details and profile information
- Submit FSA claims using an electronic claim form
- View pending claims
- Upload receipts and documentation
- Receive alerts
- Update direct deposit information



FSA STORE

First Financial has partnered with the FSA Store to bring you an easy to use online store to better understand and manage your FSA. An online marketplace that connects consumers to FSA-eligible products, seasonal deals, and account support resources such as open enrollment guides and educational videos.

Visit <http://www.ffga.com/fsaextras> for more details & special deals!

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

FSA & HSA RESOURCES

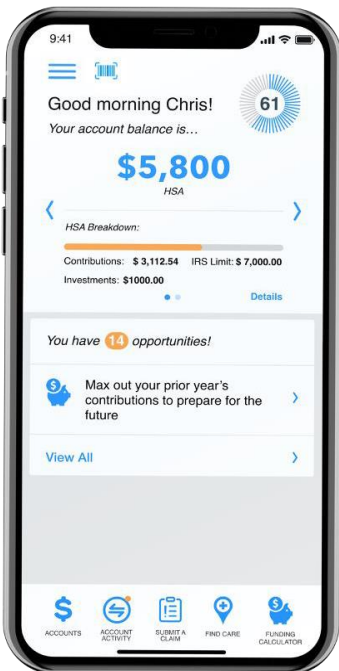
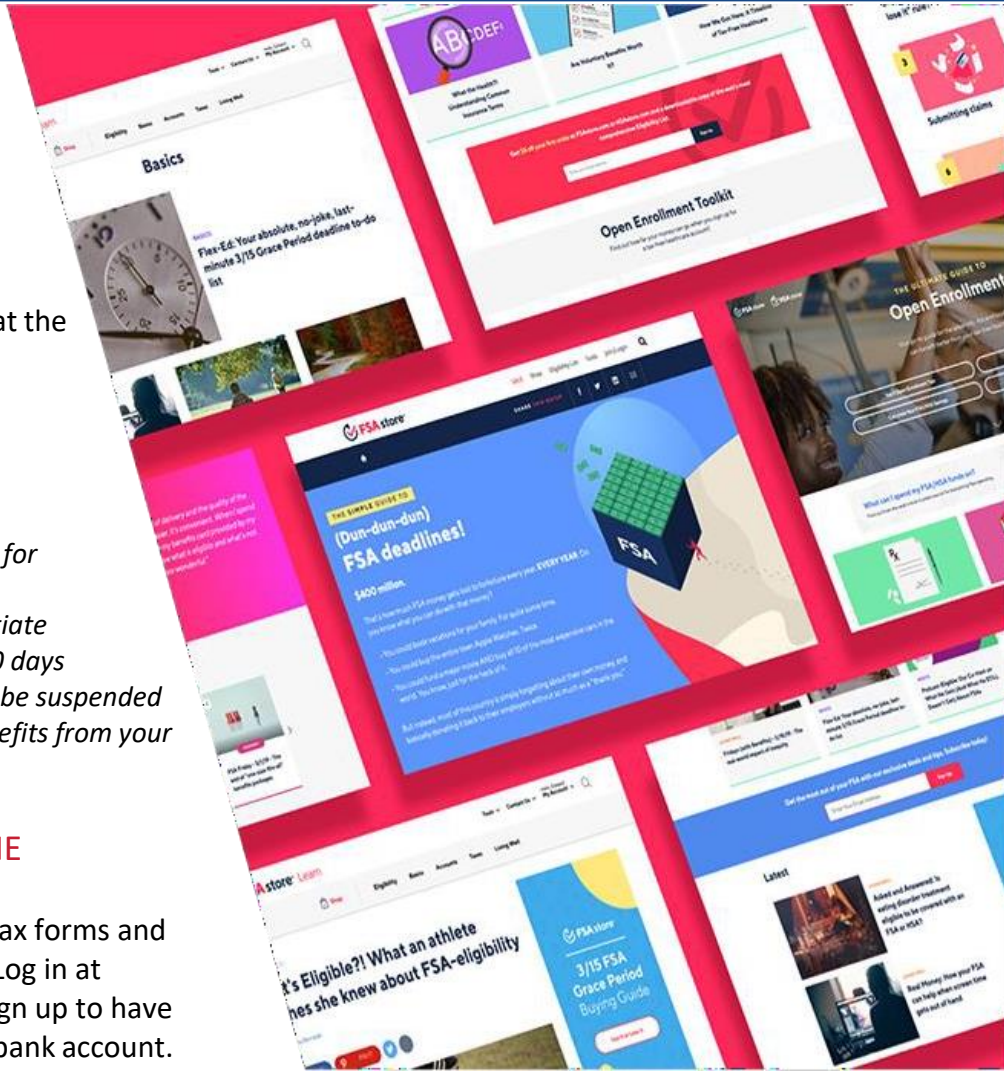
BENEFITS CARD

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

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 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](#).

FSA & HSA STORE

First Financial has partnered with the FSA & HSA 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.



Life Insurance



Reliance Standard | www.reliancestandard.com | 1.800.351.7500

VOLUNTARY TERM LIFE

If you apply when you are a new hire, you are eligible for this coverage up to the Guaranteed Issue Amount with no evidence of insurability required.

Your Guarantee Issue Amount is based on your attained age, as follows:

Less than age 60: \$150,000

Age 60 through 64: \$20,000

Age 65 & Over: No Guarantee Issue

As a new hire, if you'd like coverage over the Guarantee Issue Amount, you will have to provide Evidence of Insurability. If you do not apply as a new hire, or elect to increase coverage later, you will have to provide Evidence of Insurability. In the event you need to supply Evidence of Insurability, you do not have coverage until the Company approves this Evidence of Insurability, and you may be denied coverage.

Applying for coverage after your first 30 days of employment is subject to underwriting rules and is not available in all circumstances.

Once you retire from the district you are unable to continue this policy.

Employee & Family Voluntary Term Life / AD&D Insurance

Underwritten by:
Reliance Standard Life Insurance Company (“the Company”)
Administered by:
Bay Bridge Administrators, LLC

What Coverage is available? As an active full-time employee you are eligible to purchase, at your own expense, Voluntary Term Life for yourself and Family Life Insurance on your Spouse and Child.

Employee Voluntary Life / AD&D Insurance: You may enroll for any amount from \$20,000 to \$500,000 in \$5,000 increments, rounded to the next higher \$5,000, not to exceed seven times your basic earnings.

When can I apply for coverage? You are eligible to apply for this coverage during the initial enrollment period or when you are a new hire.

How do I qualify? If you apply during the initial enrollment period or when you are a new hire, you are eligible for this coverage up to the *Guaranteed Issue Amount* with no evidence of insurability required.

Your *Guarantee Issue Amount* is based on your attained age, as follows:

Less than age 60: \$150,000

Age 60 through 64: \$20,000

Age 65 & Over: No Guarantee Issue

As a new hire, if you’d like coverage over the Guarantee Issue Amount, you will have to provide Evidence of Insurability. If you do not apply as a new hire, or elect to increase coverage later, you will have to provide Evidence of Insurability. In the event you need to supply Evidence of Insurability, you do not have coverage until the Company approves this Evidence of Insurability, and you may be denied coverage.

Guarantee Issue is subject to underwriting rules and is not available in all circumstances

Effective Date: Your insurance benefit that is less than or equal to the Guaranteed Issue Amount, indicated above, begins on the latest of: (1) the effective date of the Participating Employer’s plan, if you are eligible prior to such date; or (2) the first day of the month following the date you become eligible; provided you have enrolled and the required premium has been paid. Any insurance benefit that is in excess of the Guaranteed Issue Amount will become effective on the first day of the month following the date the Company approves your request and the applicable Evidence of Insurability. If you are not Actively-At-Work, your coverage will be delayed until the date you return to Active Work.

Effect of Prior Coverage: If you were participating in and insured by the Participating Employer’s prior plan on the date immediately prior to the Participating Employer’s Effective Date shown on the Policy Schedule and are Actively At Work on such date: All amounts that were in force under the Participating Employer’s prior plan on the date immediately preceding the Participating Employer’s Effective Date with the Company are guaranteed issue up to the maximum benefit amount available under this plan.

Employees currently insured for less than the Guaranteed Issue Amount can increase coverage up to the Guarantee Issue Amount during the initial Enrollment period without providing Evidence of Insurability. During the initial Enrollment period currently insured Employees can also request an increase in the amount of coverage in excess of the Guarantee Issue Amount but are required to provide Evidence of Insurability satisfactory to the Company before the amounts in excess of the Guaranteed Issue Amount will become effective.

For each Insured Person’s or Insured Dependent’s individual coverage, coverage will be deemed continuous and uninterrupted and no change will have retroactive effect. However, if you elect to increase your amount of coverage, the increased amounts will be subject to any other plan provisions.

What is the cost?

Employee Monthly Premium

Benefit Amount	Age 29 & Under	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69	70 to 74	75 & Older
\$20,000	\$1.30	\$1.70	\$1.90	\$2.26	\$3.20	\$4.96	\$7.80	\$11.62	\$22.06	\$35.40	\$50.00
\$25,000	\$1.63	\$2.13	\$2.38	\$2.83	\$4.00	\$6.20	\$9.75	\$14.53	\$27.58	\$44.25	\$62.50
\$30,000	\$1.95	\$2.55	\$2.85	\$3.39	\$4.80	\$7.44	\$11.70	\$17.43	\$33.09	\$53.10	\$75.00
\$35,000	\$2.28	\$2.98	\$3.33	\$3.96	\$5.60	\$8.68	\$13.65	\$20.34	\$38.61	\$61.95	\$87.50
\$40,000	\$2.60	\$3.40	\$3.80	\$4.52	\$6.40	\$9.92	\$15.60	\$23.24	\$44.12	\$70.80	\$100.00
\$45,000	\$2.93	\$3.83	\$4.28	\$5.09	\$7.20	\$11.16	\$17.55	\$26.15	\$49.64	\$79.65	\$112.50
\$50,000	\$3.25	\$4.25	\$4.75	\$5.65	\$8.00	\$12.40	\$19.50	\$29.05	\$55.15	\$88.50	\$125.00
\$55,000	\$3.58	\$4.68	\$5.23	\$6.22	\$8.80	\$13.64	\$21.45	\$31.96	\$60.67	\$97.35	\$137.50
\$60,000	\$3.90	\$5.10	\$5.70	\$6.78	\$9.60	\$14.88	\$23.40	\$34.86	\$66.18	\$106.20	\$150.00
\$65,000	\$4.23	\$5.53	\$6.18	\$7.35	\$10.40	\$16.12	\$25.35	\$37.77	\$71.70	\$115.05	\$162.50
\$70,000	\$4.55	\$5.95	\$6.65	\$7.91	\$11.20	\$17.36	\$27.30	\$40.67	\$77.21	\$123.90	\$175.00
\$75,000	\$4.88	\$6.38	\$7.13	\$8.48	\$12.00	\$18.60	\$29.25	\$43.58	\$82.73	\$132.75	\$187.50
\$80,000	\$5.20	\$6.80	\$7.60	\$9.04	\$12.80	\$19.84	\$31.20	\$46.48	\$88.24	\$141.60	\$200.00
\$85,000	\$5.53	\$7.23	\$8.08	\$9.61	\$13.60	\$21.08	\$33.15	\$49.39	\$93.76	\$150.45	\$212.50
\$90,000	\$5.85	\$7.65	\$8.55	\$10.17	\$14.40	\$22.32	\$35.10	\$52.29	\$99.27	\$159.30	\$225.00
\$95,000	\$6.18	\$8.08	\$9.03	\$10.74	\$15.20	\$23.56	\$37.05	\$55.20	\$104.79	\$168.15	\$237.50
\$100,000	\$6.50	\$8.50	\$9.50	\$11.30	\$16.00	\$24.80	\$39.00	\$58.10	\$110.30	\$177.00	\$250.00
\$105,000	\$6.83	\$8.93	\$9.98	\$11.87	\$16.80	\$26.04	\$40.95	\$61.01	\$115.82	\$185.85	\$262.50
\$110,000	\$7.15	\$9.35	\$10.45	\$12.43	\$17.60	\$27.28	\$42.90	\$63.91	\$121.33	\$194.70	\$275.00
\$115,000	\$7.48	\$9.78	\$10.93	\$13.00	\$18.40	\$28.52	\$44.85	\$66.82	\$126.85	\$203.55	\$287.50
\$120,000	\$7.80	\$10.20	\$11.40	\$13.56	\$19.20	\$29.76	\$46.80	\$69.72	\$132.36	\$212.40	\$300.00
\$125,000	\$8.13	\$10.63	\$11.88	\$14.13	\$20.00	\$31.00	\$48.75	\$72.63	\$137.88	\$221.25	\$312.50
\$130,000	\$8.45	\$11.05	\$12.35	\$14.69	\$20.80	\$32.24	\$50.70	\$75.53	\$143.39	\$230.10	\$325.00
\$135,000	\$8.78	\$11.48	\$12.83	\$15.26	\$21.60	\$33.48	\$52.65	\$78.44	\$148.91	\$238.95	\$337.50
\$140,000	\$9.10	\$11.90	\$13.30	\$15.82	\$22.40	\$34.72	\$54.60	\$81.34	\$154.42	\$247.80	\$350.00
\$145,000	\$9.43	\$12.33	\$13.78	\$16.39	\$23.20	\$35.96	\$56.55	\$84.25	\$159.94	\$256.65	\$362.50
\$150,000	\$9.75	\$12.75	\$14.25	\$16.95	\$24.00	\$37.20	\$58.50	\$87.15	\$165.45	\$265.50	\$375.00
\$155,000	\$10.08	\$13.18	\$14.73	\$17.52	\$24.80	\$38.44	\$60.45	\$90.06	\$170.97	\$274.35	\$387.50
\$160,000	\$10.40	\$13.60	\$15.20	\$18.08	\$25.60	\$39.68	\$62.40	\$92.96	\$176.48	\$283.20	\$400.00
\$165,000	\$10.73	\$14.03	\$15.68	\$18.65	\$26.40	\$40.92	\$64.35	\$95.87	\$182.00	\$292.05	\$412.50
\$170,000	\$11.05	\$14.45	\$16.15	\$19.21	\$27.20	\$42.16	\$66.30	\$98.77	\$187.51	\$300.90	\$425.00
\$175,000	\$11.38	\$14.88	\$16.63	\$19.78	\$28.00	\$43.40	\$68.25	\$101.68	\$193.03	\$309.75	\$437.50
\$180,000	\$11.70	\$15.30	\$17.10	\$20.34	\$28.80	\$44.64	\$70.20	\$104.58	\$198.54	\$318.60	\$450.00
\$185,000	\$12.03	\$15.73	\$17.58	\$20.91	\$29.60	\$45.88	\$72.15	\$107.49	\$204.06	\$327.45	\$462.50
\$190,000	\$12.35	\$16.15	\$18.05	\$21.47	\$30.40	\$47.12	\$74.10	\$110.39	\$209.57	\$336.30	\$475.00
\$195,000	\$12.68	\$16.58	\$18.53	\$22.04	\$31.20	\$48.36	\$76.05	\$113.30	\$215.09	\$345.15	\$487.50
\$200,000	\$13.00	\$17.00	\$19.00	\$22.60	\$32.00	\$49.60	\$78.00	\$116.20	\$220.60	\$354.00	\$500.00
\$205,000	\$13.33	\$17.43	\$19.48	\$23.17	\$32.80	\$50.84	\$79.95	\$119.11	\$226.12	\$362.85	\$512.50
\$210,000	\$13.65	\$17.85	\$19.95	\$23.73	\$33.60	\$52.08	\$81.90	\$122.01	\$231.63	\$371.70	\$525.00
\$215,000	\$13.98	\$18.28	\$20.43	\$24.30	\$34.40	\$53.32	\$83.85	\$124.92	\$237.15	\$380.55	\$537.50
\$220,000	\$14.30	\$18.70	\$20.90	\$24.86	\$35.20	\$54.56	\$85.80	\$127.82	\$242.66	\$389.40	\$550.00
\$225,000	\$14.63	\$19.13	\$21.38	\$25.43	\$36.00	\$55.80	\$87.75	\$130.73	\$248.18	\$398.25	\$562.50
\$230,000	\$14.95	\$19.55	\$21.85	\$25.99	\$36.80	\$57.04	\$89.70	\$133.63	\$253.69	\$407.10	\$575.00
\$235,000	\$15.28	\$19.98	\$22.33	\$26.56	\$37.60	\$58.28	\$91.65	\$136.54	\$259.21	\$415.95	\$587.50
\$240,000	\$15.60	\$20.40	\$22.80	\$27.12	\$38.40	\$59.52	\$93.60	\$139.44	\$264.72	\$424.80	\$600.00
\$245,000	\$15.93	\$20.83	\$23.28	\$27.69	\$39.20	\$60.76	\$95.55	\$142.35	\$270.24	\$433.65	\$612.50
\$250,000	\$16.25	\$21.25	\$23.75	\$28.25	\$40.00	\$62.00	\$97.50	\$145.25	\$275.75	\$442.50	\$625.00
\$255,000	\$16.58	\$21.68	\$24.23	\$28.82	\$40.80	\$63.24	\$99.45	\$148.16	\$281.27	\$451.35	\$637.50
\$260,000	\$16.90	\$22.10	\$24.70	\$29.38	\$41.60	\$64.48	\$101.40	\$151.06	\$286.78	\$460.20	\$650.00
\$265,000	\$17.23	\$22.53	\$25.18	\$29.95	\$42.40	\$65.72	\$103.35	\$153.97	\$292.30	\$469.05	\$662.50
\$270,000	\$17.55	\$22.95	\$25.65	\$30.51	\$43.20	\$66.96	\$105.30	\$156.87	\$297.81	\$477.90	\$675.00
\$275,000	\$17.88	\$23.38	\$26.13	\$31.08	\$44.00	\$68.20	\$107.25	\$159.78	\$303.33	\$486.75	\$687.50
\$280,000	\$18.20	\$23.80	\$26.60	\$31.64	\$44.80	\$69.44	\$109.20	\$162.68	\$308.84	\$495.60	\$700.00
\$285,000	\$18.53	\$24.23	\$27.08	\$32.21	\$45.60	\$70.68	\$111.15	\$165.59	\$314.36	\$504.45	\$712.50
\$290,000	\$18.85	\$24.65	\$27.55	\$32.77	\$46.40	\$71.92	\$113.10	\$168.49	\$319.87	\$513.30	\$725.00

\$295,000	\$19.18	\$25.08	\$28.03	\$33.34	\$47.20	\$73.16	\$115.05	\$171.40	\$325.39	\$522.15	\$737.50
\$300,000	\$19.50	\$25.50	\$28.50	\$33.90	\$48.00	\$74.40	\$117.00	\$174.30	\$330.90	\$531.00	\$750.00

Premiums will change automatically each year when you attain an age that qualifies you for a new age bracket rate.

When Employee Voluntary Life Insurance Ends:

Your Voluntary Life Insurance ends if: 1. your employment ends; 2. you are no longer Actively At Work; 3. premiums are not paid; 4. you are no longer an eligible employee; 5. Voluntary Life Insurance is no longer provided by the Participating Employer; 6. the policy terminates; 7. you enter the military, naval or air force of any country or international organization on a full-time active duty basis.; or 8. the Participating Employer’s coverage under the policy ends.

Family Life Insurance

Spouse Under age 70 Voluntary Life / AD&D: \$10,000 to \$250,000 in \$10,000 increments not to exceed 50% of the Employees Insured Amount.
Coverage terminates at age 70

Child Voluntary Life (Only):
0 days to 6 months: \$1,000
6 months to age 19 (25 full-time student):
Option 1: \$5,000
Option 2; \$10,000

Guarantee Issue Amounts for Dependents

Spouse:

Less than age 60: \$20,000
Age 60 but less than age 70: None
Spouse Coverage terminates at age 70

Children:

0 days to 6 months: \$1,000
6 months to age 19 (25 full-time student):
Option 1: \$5,000
Option 2; \$10,000

Guarantee Issue is subject to underwriting rules and is not available in all circumstances

Effective Date of Dependents Coverage:

You may apply for Family Life Insurance Benefits for your spouse, less than age 70 at the time of application, or child. Such benefit that is less than or equal to the Guaranteed Issue Amount begins on the latest of the following: 1. the Participating Employer’s Effective Date, if you apply for Family Life Insurance prior to such date; 2. your Effective Date if application for Family Life Insurance is made within 31 days of your eligibility date; 3. the first day of the month following the date we approve the application for Family Life Insurance, subject to proof of Evidence of Insurability, if application is made more than 31 days after your eligibility date; 4. the first day of the month following the date we approve the application for Family Life Insurance, if application is made within 31 days of you acquiring a new spouse or child; 5. the first day of the month following the date we approve the application for Family Life Insurance, subject to proof of Evidence of Insurability, if application is made more than 31 days after acquiring a new spouse or child.

Any Family Life Insurance benefit that is in excess of the guaranteed issue amount will become effective when we approve the required Evidence of Insurability.

No Family Life Insurance benefit will be effective until the required premium is paid.

Note: Dependent coverage may only be taken in conjunction with Employee coverage. Dependent coverage may not be taken on a stand alone basis. A spouse or child who is insured as an Employee under this plan cannot also be insured as a dependent. If both you & your spouse are insured under this plan as employees, only on of you may insure your children as dependents.

Spouse Monthly Premium

	Age 29 & Under	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 to 69
\$10,000	\$0.65	\$0.85	\$0.95	\$1.13	\$1.60	\$2.48	\$3.90	\$5.81	\$11.03
\$20,000	\$1.30	\$1.70	\$1.90	\$2.26	\$3.20	\$4.96	\$7.80	\$11.62	\$22.06
\$30,000	\$1.95	\$2.55	\$2.85	\$3.39	\$4.80	\$7.44	\$11.70	\$17.43	\$33.09
\$40,000	\$2.60	\$3.40	\$3.80	\$4.52	\$6.40	\$9.92	\$15.60	\$23.24	\$44.12
\$50,000	\$3.25	\$4.25	\$4.75	\$5.65	\$8.00	\$12.40	\$19.50	\$29.05	\$55.15
\$60,000	\$3.90	\$5.10	\$5.70	\$6.78	\$9.60	\$14.88	\$23.40	\$34.86	\$66.18
\$70,000	\$4.55	\$5.95	\$6.65	\$7.91	\$11.20	\$17.36	\$27.30	\$40.67	\$77.21
\$80,000	\$5.20	\$6.80	\$7.60	\$9.04	\$12.80	\$19.84	\$31.20	\$46.48	\$88.24
\$90,000	\$5.85	\$7.65	\$8.55	\$10.17	\$14.40	\$22.32	\$35.10	\$52.29	\$99.27
\$100,000	\$6.50	\$8.50	\$9.50	\$11.30	\$16.00	\$24.80	\$39.00	\$58.10	\$110.30
\$110,000	\$7.15	\$9.35	\$10.45	\$12.43	\$17.60	\$27.28	\$42.90	\$63.91	\$121.33
\$120,000	\$7.80	\$10.20	\$11.40	\$13.56	\$19.20	\$29.76	\$46.80	\$69.72	\$132.36
\$130,000	\$8.45	\$11.05	\$12.35	\$14.69	\$20.80	\$32.24	\$50.70	\$75.53	\$143.39
\$140,000	\$9.10	\$11.90	\$13.30	\$15.82	\$22.40	\$34.72	\$54.60	\$81.34	\$154.42
\$150,000	\$9.75	\$12.75	\$14.25	\$16.95	\$24.00	\$37.20	\$58.50	\$87.15	\$165.45

Spouse Coverage Terminates at age 70

Children: \$0.20 per \$1,000

Premiums will change automatically each year when your spouse attained age qualifies for a new age bracket rate.

When Family Coverage Ends: Your Insured Spouse's or Insured Child's Life Insurance ends if: 1. your coverage ends; 2. the Participating Employer's coverage under the policy ends; 3. you are no longer eligible for Family Life Insurance; 4. you notify us in writing to discontinue the Family Life Insurance; 5. the premium is not paid; 6. Family Life Insurance is no longer provided by the policy; 7. your Insured Spouse or Insured Child ceases to qualify for coverage under the policy, 8. your Insured Spouse or Insured Child enters the military, naval or air force of any country or international organization on a full-time active duty basis; or 9. your Spouse attains age 70.

Accidental Death and Dismemberment Benefit Employee / Spouse:

The Company will pay the Benefit Percentage of the Principal Sum*, if Injury to Insured results in any one of the losses listed in the Schedule of Losses. The loss must occur within 365 days of the date of Injury. If the Insured suffers more than one loss as a result of any one accident, only the largest amount will be paid.

Schedule of Losses:

<u>For Loss of:</u>	<u>Percentage of Principal Sum:</u>
Life	100%
Both Hands or Both Feet	100%
Sight of Both Eyes	100%
One Hand and One Foot	100%
One Hand and Sight of One Eye	100%
One Foot and Sight of One Eye	100%
Speech and Hearing in Both Ears	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Uniplegia	25%
One Hand or One Foot	50%
Sight of One Eye	50%
Speech or Hearing in Both Ears	50%
Hearing in One Ear	25%
Thumb and Index Finger of Same Hand	25%

) **Principal Sum is an amount of Accidental Death and Dismemberment Benefit equal to the amount of Voluntary Term Life for which you and your covered Dependent Spouse have been approved.**

What are the benefit Limitations?

Life / AD&D Benefits will reduce as follows;

At age 70, the benefit reduces to 65% of the original amount of coverage in force.

At age 75, the benefit reduces to 50% of the original amount of coverage in force.

No Life Insurance benefits will be payable under the Policy for death caused by suicide or self-destruction, or any attempt at it within 24 months after the person's coverage under the **Reliance Standard Life Insurance Company** Policy becomes effective.

Benefits for Accidental Death and Dismemberment will not be payable for any loss caused in whole or in part by, or resulting in whole or in part from, the following:

1. attempted suicide or intentionally self-inflicted injury, while sane or insane.
2. bodily or mental infirmity; disease of any kind; or medical or surgical treatment for that infirmity or disease. This does not include bacterial infections resulting from an accidental cut or wound or accidental ingestion of a poisonous food substance.
3. voluntary taking of poison; voluntary inhalation of gas; voluntary taking of a drug or chemical. This does not apply to the extent administered by a licensed physician. The physician must not be the Insured; his or her spouse; a child, sibling, or parent of the Insured or of the Insured's spouse; or a person who resides in the Insured's home.
4. declared or undeclared war or act of war.
5. the Insured's commission of or attempt to commit a felony, or any loss sustained while incarcerated for the felony.
6. the Insured's participation in a riot.
7. the Insured's engaging in an illegal occupation.
8. release of nuclear energy.
9. operating, riding in, or descending from any aircraft (including a hang glider). This does not apply to the Insured while a passenger on a licensed, commercial, nonmilitary aircraft.

Exceptions to When Coverage Terminates:

Under certain circumstances coverage may be extended and premium waived if you are no longer actively at work due to total disability. Please see your Certificate of Coverage for more details.

Accelerated Death Benefit:

Allows you to receive a percentage of the life amount if diagnosed with a terminal condition while covered under the policy. Also applies to your spouse coverage. Please see your Certificate of Coverage for more details.

Portability:

If you cease to be employed by the Participating Employer for any reason other than retirement you may be entitled to continue all or a portion of your life insurance under the Continuation of Coverage Provision. You may elect to continue your Life Insurance benefits provided you have not attained age 70 and you must make such election within 31 days of termination of employment. You will be responsible for paying the entire premium for coverage continued under this section. Premiums for continued coverage will be billed directly to you on a quarterly, semi-annual or annual basis. Such premiums may exceed the group rate applicable to the amount of coverage being continued. Coverage continued under this provision will be subject to all of the provisions and limitations of the policy, including reductions/termination at an age or any other termination provision. However, in no event will coverage continue beyond age 70. Please see your Certificate of Coverage for more details.

Conversion:

Under certain circumstances you may be entitled to convert all or a portion of your life insurance when your coverage terminates due to your employment ending, you ceasing to be in the eligible classes or policy termination. Please see your Certificate of Coverage for more details.

Definitions:

Active Work/Actively At Work means expending time and energy in the performance of regular duties for the Participating Employer at the usual place of employment, or at a location to which the Employer requires the Insured to travel and for which you are receiving Basic Earnings for such duties. You will be considered Actively At Work on each regularly scheduled non-work day if you were Actively At Work on the immediately preceding scheduled work day.

Basic Earnings means your basic rate of pay. It does not include overtime, bonus or any other form of additional compensation.

Evidence of Insurability means a written statement, application, or medical evidence of good health that, in our sole judgment, qualifies the person for coverage under the policy. We may require the person to pay the cost of providing this information.

Guaranteed Issue Amount means the highest amount of insurance that will be issued to a person without Evidence of Insurability.

Can I still apply if I did not enroll as a new hire?

It is important to enroll for Reliance Standard Life Insurance Company's Term Life Insurance when you are first eligible. If you do not enroll as a new hire, and you decide you'd like coverage or increased coverage at a later time, you will be required to provide evidence of insurability. Your future opportunities to enroll in the plan may be limited, and you may be denied coverage.

If you enroll in the plan as a new hire, you will not have to provide medical evidence of insurability to qualify coverage up to the *Guaranteed Issue Amount*. You will need to provide evidence for amounts over the Guarantee Issue Amount.

A final note....

This information is a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in Policy number VG 605902, on Policy Form number LRS-9388-0107. The Policy is subject to the laws of the state in which it is issued. Please keep this information as a reference.

Every effort has been made to ensure the accuracy of this enrollment brochure. The information described applies to the residents of most states, however state laws do vary. The laws of your state may affect this benefit program, but these differences generally do not reduce your benefits. This brochure is not a legal document. The contractual terms and conditions of coverage are set forth in the group policies. In the event of a discrepancy, the policies would be the determining factor. Insurance products and services are provided through Reliance Standard Life Insurance Company, which is licensed in all states (except New York), the District of Columbia, Puerto Rico, & the U.S. Virgin Islands. Reliance Standard Life Insurance Company reserves the right to change the premiums it charges for its plans.

Life Insurance



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.

HIGHLIGHT

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

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

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

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

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

Indicates Spouse Coverage Available

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

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

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

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

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

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

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

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

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

23M014-C-SM FFGA-T 1012 (exp0325)

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

Indicates Spouse Coverage Available

Disability Insurance



American Fidelity | www.americanfidelity.com | 1.800.654.8489

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.

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?



AF™ Long-Term Disability Income Insurance

Texas Schools

Marketed by:



EMPLOYER BENEFIT SOLUTIONS FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

How would you cover your everyday expenses if you experienced an Injury or Sickness and couldn't work for a period of time? AF™ Long-Term Disability Income Insurance provides a steady benefit to cover everyday expenses while you are unable to work due to a covered Disability.

Plan Highlights



Benefits are Payable Directly to You

You have the freedom to use the funds for your daily expenses such as: groceries, mortgage, daycare, etc.



Customized to Meet Your Individual Needs

You can select a benefit amount and elimination period that best meets your financial needs.



Return-to-Work Benefit

Employees may receive a partial benefit for going back to work part-time while still on Disability.

Choose the Right Plan for You

BENEFITS BEGIN

Plan I	On the 1st day of Disability due to a Disability requiring hospitalization and on the 8th day of Disability due to a covered Injury or Sickness.
Plan II	On the 1st day of Disability due to a Disability requiring hospitalization and on the 15th day of Disability due to a covered Injury or Sickness.
Plan III	On the 1st day of Disability due to a Disability requiring hospitalization and on the 31st day of Disability due to a covered Injury or Sickness.
Plan IV	On the 61st day of Disability due to a covered Injury or Sickness.
Plan V	On the 91st day of Disability due to a covered Injury or Sickness.
Plan VI	On the 151st day of Disability due to a covered Injury or Sickness.



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



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



Hospital - the term "Hospital" shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.



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

Benefit Policy Schedule

Several benefit options are available to you. You may participate in the plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 66^{2/3}% of your monthly compensation.

Monthly Salary	Monthly Disability Benefit	Monthly Premiums					
		Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$300.00 - \$449.99	\$200.00	\$7.36	\$6.28	\$5.20	\$3.24	\$2.40	\$1.56
\$450.00 - \$599.99	\$300.00	\$11.04	\$9.42	\$7.80	\$4.86	\$3.60	\$2.34
\$600.00 - \$749.99	\$400.00	\$14.72	\$12.56	\$10.40	\$6.48	\$4.80	\$3.12
\$750.00 - \$899.99	\$500.00	\$18.40	\$15.70	\$13.00	\$8.10	\$6.00	\$3.90
\$900.00 - \$1,049.99	\$600.00	\$22.08	\$18.84	\$15.60	\$9.72	\$7.20	\$4.68
\$1,050.00 - \$1,199.99	\$700.00	\$25.76	\$21.98	\$18.20	\$11.34	\$8.40	\$5.46
\$1,200.00 - \$1,349.99	\$800.00	\$29.44	\$25.12	\$20.80	\$12.96	\$9.60	\$6.24
\$1,350.00 - \$1,499.99	\$900.00	\$33.12	\$28.26	\$23.40	\$14.58	\$10.80	\$7.02
\$1,500.00 - \$1,649.99	\$1,000.00	\$36.80	\$31.40	\$26.00	\$16.20	\$12.00	\$7.80
\$1,650.00 - \$1,799.99	\$1,100.00	\$40.48	\$34.54	\$28.60	\$17.82	\$13.20	\$8.58
\$1,800.00 - \$1,949.99	\$1,200.00	\$44.16	\$37.68	\$31.20	\$19.44	\$14.40	\$9.36
\$1,950.00 - \$2,099.99	\$1,300.00	\$47.84	\$40.82	\$33.80	\$21.06	\$15.60	\$10.14
\$2,100.00 - \$2,249.99	\$1,400.00	\$51.52	\$43.96	\$36.40	\$22.68	\$16.80	\$10.92
\$2,250.00 - \$2,399.99	\$1,500.00	\$55.20	\$47.10	\$39.00	\$24.30	\$18.00	\$11.70
\$2,400.00 - \$2,549.99	\$1,600.00	\$58.88	\$50.24	\$41.60	\$25.92	\$19.20	\$12.48
\$2,550.00 - \$2,699.99	\$1,700.00	\$62.56	\$53.38	\$44.20	\$27.54	\$20.40	\$13.26
\$2,700.00 - \$2,849.99	\$1,800.00	\$66.24	\$56.52	\$46.80	\$29.16	\$21.60	\$14.04
\$2,850.00 - \$2,999.99	\$1,900.00	\$69.92	\$59.66	\$49.40	\$30.78	\$22.80	\$14.82
\$3,000.00 - \$3,149.99	\$2,000.00	\$73.60	\$62.80	\$52.00	\$32.40	\$24.00	\$15.60
\$3,150.00 - \$3,299.99	\$2,100.00	\$77.28	\$65.94	\$54.60	\$34.02	\$25.20	\$16.38
\$3,300.00 - \$3,449.99	\$2,200.00	\$80.96	\$69.08	\$57.20	\$35.64	\$26.40	\$17.16
\$3,450.00 - \$3,599.99	\$2,300.00	\$84.64	\$72.22	\$59.80	\$37.26	\$27.60	\$17.94
\$3,600.00 - \$3,749.99	\$2,400.00	\$88.32	\$75.36	\$62.40	\$38.88	\$28.80	\$18.72
\$3,750.00 - \$3,899.99	\$2,500.00	\$92.00	\$78.50	\$65.00	\$40.50	\$30.00	\$19.50
\$3,900.00 - \$4,049.99	\$2,600.00	\$95.68	\$81.64	\$67.60	\$42.12	\$31.20	\$20.28
\$4,050.00 - \$4,199.99	\$2,700.00	\$99.36	\$84.78	\$70.20	\$43.74	\$32.40	\$21.06
\$4,200.00 - \$4,349.99	\$2,800.00	\$103.04	\$87.92	\$72.80	\$45.36	\$33.60	\$21.84
\$4,350.00 - \$4,499.99	\$2,900.00	\$106.72	\$91.06	\$75.40	\$46.98	\$34.80	\$22.62
\$4,500.00 - \$4,649.99	\$3,000.00	\$110.40	\$94.20	\$78.00	\$48.60	\$36.00	\$23.40
\$4,650.00 - \$4,799.99	\$3,100.00	\$114.08	\$97.34	\$80.60	\$50.22	\$37.20	\$24.18
\$4,800.00 - \$4,949.99	\$3,200.00	\$117.76	\$100.48	\$83.20	\$51.84	\$38.40	\$24.96
\$4,950.00 - \$5,099.99	\$3,300.00	\$121.44	\$103.62	\$85.80	\$53.46	\$39.60	\$25.74
\$5,100.00 - \$5,249.99	\$3,400.00	\$125.12	\$106.76	\$88.40	\$55.08	\$40.80	\$26.52
\$5,250.00 - \$5,399.99	\$3,500.00	\$128.80	\$109.90	\$91.00	\$56.70	\$42.00	\$27.30
\$5,400.00 - \$5,549.99	\$3,600.00	\$132.48	\$113.04	\$93.60	\$58.32	\$43.20	\$28.08
\$5,550.00 - \$5,699.99	\$3,700.00	\$136.16	\$116.18	\$96.20	\$59.94	\$44.40	\$28.86
\$5,700.00 - \$5,849.99	\$3,800.00	\$139.84	\$119.32	\$98.80	\$61.56	\$45.60	\$29.64

Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Monthly Premiums					
		Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,850.00 - \$5,999.99	\$3,900.00	\$143.52	\$122.46	\$101.40	\$63.18	\$46.80	\$30.42
\$6,000.00 - \$6,149.99	\$4,000.00	\$147.20	\$125.60	\$104.00	\$64.80	\$48.00	\$31.20
\$6,150.00 - \$6,299.99	\$4,100.00	\$150.88	\$128.74	\$106.60	\$66.42	\$49.20	\$31.98
\$6,300.00 - \$6,449.99	\$4,200.00	\$154.56	\$131.88	\$109.20	\$68.04	\$50.40	\$32.76
\$6,450.00 - \$6,599.99	\$4,300.00	\$158.24	\$135.02	\$111.80	\$69.66	\$51.60	\$33.54
\$6,600.00 - \$6,749.99	\$4,400.00	\$161.92	\$138.16	\$114.40	\$71.28	\$52.80	\$34.32
\$6,750.00 - \$6,899.99	\$4,500.00	\$165.60	\$141.30	\$117.00	\$72.90	\$54.00	\$35.10
\$6,900.00 - \$7,049.99	\$4,600.00	\$169.28	\$144.44	\$119.60	\$74.52	\$55.20	\$35.88
\$7,050.00 - \$7,199.99	\$4,700.00	\$172.96	\$147.58	\$122.20	\$76.14	\$56.40	\$36.66
\$7,200.00 - \$7,349.99	\$4,800.00	\$176.64	\$150.72	\$124.80	\$77.76	\$57.60	\$37.44
\$7,350.00 - \$7,499.99	\$4,900.00	\$180.32	\$153.86	\$127.40	\$79.38	\$58.80	\$38.22
\$7,500.00 - \$7,649.99	\$5,000.00	\$184.00	\$157.00	\$130.00	\$81.00	\$60.00	\$39.00
\$7,650.00 - \$7,799.99	\$5,100.00	\$187.68	\$160.14	\$132.60	\$82.62	\$61.20	\$39.78
\$7,800.00 - \$7,949.99	\$5,200.00	\$191.36	\$163.28	\$135.20	\$84.24	\$62.40	\$40.56
\$7,950.00 - \$8,099.99	\$5,300.00	\$195.04	\$166.42	\$137.80	\$85.86	\$63.60	\$41.34
\$8,100.00 - \$8,249.99	\$5,400.00	\$198.72	\$169.56	\$140.40	\$87.48	\$64.80	\$42.12
\$8,250.00 - \$8,399.99	\$5,500.00	\$202.40	\$172.70	\$143.00	\$89.10	\$66.00	\$42.90
\$8,400.00 - \$8,549.99	\$5,600.00	\$206.08	\$175.84	\$145.60	\$90.72	\$67.20	\$43.68
\$8,550.00 - \$8,699.99	\$5,700.00	\$209.76	\$178.98	\$148.20	\$92.34	\$68.40	\$44.46
\$8,700.00 - \$8,849.99	\$5,800.00	\$213.44	\$182.12	\$150.80	\$93.96	\$69.60	\$45.24
\$8,850.00 - \$8,999.99	\$5,900.00	\$217.12	\$185.26	\$153.40	\$95.58	\$70.80	\$46.02
\$9,000.00 - \$9,149.99	\$6,000.00	\$220.80	\$188.40	\$156.00	\$97.20	\$72.00	\$46.80
\$9,150.00 - \$9,299.99	\$6,100.00	\$224.48	\$191.54	\$158.60	\$98.82	\$73.20	\$47.58
\$9,300.00 - \$9,449.99	\$6,200.00	\$228.16	\$194.68	\$161.20	\$100.44	\$74.40	\$48.36
\$9,450.00 - \$9,599.99	\$6,300.00	\$231.84	\$197.82	\$163.80	\$102.06	\$75.60	\$49.14
\$9,600.00 - \$9,749.99	\$6,400.00	\$235.52	\$200.96	\$166.40	\$103.68	\$76.80	\$49.92
\$9,750.00 - \$9,899.99	\$6,500.00	\$239.20	\$204.10	\$169.00	\$105.30	\$78.00	\$50.70
\$9,900.00 - \$10,049.99	\$6,600.00	\$242.88	\$207.24	\$171.60	\$106.92	\$79.20	\$51.48
\$10,050.00 - \$10,199.99	\$6,700.00	\$246.56	\$210.38	\$174.20	\$108.54	\$80.40	\$52.26
\$10,200.00 - \$10,349.99	\$6,800.00	\$250.24	\$213.52	\$176.80	\$110.16	\$81.60	\$53.04
\$10,350.00 - \$10,499.99	\$6,900.00	\$253.92	\$216.66	\$179.40	\$111.78	\$82.80	\$53.82
\$10,500.00 - \$10,649.99	\$7,000.00	\$257.60	\$219.80	\$182.00	\$113.40	\$84.00	\$54.60
\$10,650.00 - \$10,799.99	\$7,100.00	\$261.28	\$222.94	\$184.60	\$115.02	\$85.20	\$55.38
\$10,800.00 - \$10,949.99	\$7,200.00	\$264.96	\$226.08	\$187.20	\$116.64	\$86.40	\$56.16
\$10,950.00 - \$11,099.99	\$7,300.00	\$268.64	\$229.22	\$189.80	\$118.26	\$87.60	\$56.94
\$11,100.00 - \$11,249.99	\$7,400.00	\$272.32	\$232.36	\$192.40	\$119.88	\$88.80	\$57.72
\$11,250.00 - \$11,399.99	\$7,500.00*	\$276.00	\$235.50	\$195.00	\$121.50	\$90.00	\$58.50

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

Plan Benefit Highlights

Maximum Benefit Period

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

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

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

Social Security Filing Assistance

If you are a candidate for social security Disability benefits, we can assist you with the application and appeal process.

When Coverage Begins

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

Hospital Confinement Benefit

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

Plans IV-VI: This benefit will begin after you've met your elimination period.

Plans I-III: This benefit will begin on your first day of Hospital confinement. The remainder of your elimination period will be waived. If you are Hospital confined due to a covered Injury or Sickness, your Hospital Confinement Benefit will be paid for any days of that confinement occurring before the day your Monthly Disability Benefit would otherwise begin.

Survivor Benefit

A lump sum benefit equal to 3 times the Disability payment will be paid if on the date of your death your Disability had continued for 90 or more consecutive days and you were receiving or entitled to receive Disability payments. The Survivor Benefit may be paid earlier if you have a terminal illness.

Waiver of Premium

No premium payments are required while you are receiving payments under the plan after Disability payments have been received for 90 consecutive days. We will require proof annually that you remain Disabled during that time.

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group Disability income.
- Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability.
- State Disability.
- Unemployment compensation.
- Sick leave or other salary or wage continuance plans provided by the employer which extend beyond 365 calendar days from the date of Disability.

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



Minimum Disability Benefit

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

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

For the first 12 months you are disabled due to a covered disability and not working, we will pay the disability benefit described in the benefit schedule. After 12 months, your disability payment will be the disability benefit described in the benefit schedule less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Return To Work Incentives: Disabled and Working

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

- **Worksite Accommodation**

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

Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

If you are Disabled due to alcoholism or drug addiction, a limited benefit of up to 2 years for each Disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for Injury or Sickness, it will be covered the same as any other Sickness.

Special Conditions Limited Benefit

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

Pre-Existing Condition Limitation

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

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the policy for 12 months.

Any increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be met with respect to any increase applied for and approved by us.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 3 month period immediately before your effective date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition, or mental illness.

Policy Exclusions

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

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

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

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



Your benefits, all in one place.

Manage your American Fidelity benefits and reimbursement accounts through your online account or the AFmobile® app.

Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile.

Pre-Existing Conditions may apply.

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



Underwritten and Administered by:
American Fidelity Assurance Company
800-662-1113 • americanfidelity.com

CANCER INSURANCE

American Fidelity | www.americanfidelity.com | 1.800.943.2231

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.



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 these advances also comes the continuing rise in the cost of cancer treatment.

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 5,255 per day.

American Cancer Society: Cancer Facts and Figures 2022, P4

Plan Benefit Highlights

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

Benefits designed to help cover costs.

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

Examples:



Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for quick processing.



Travel Expenses

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

Plan Benefit Highlights

BENEFITS	BASIC	ENHANCED
Radiation Therapy/Chemotherapy/Immunotherapy Actual charges per 12 month period	\$10,000	\$15,000
Administrative/Lab Work Per calendar month	\$50	\$75
Hormone Therapy Per treatment per calendar month up to a max of 12 per calendar year	\$50	\$50
Experimental Treatment	Paid in the same manner and under the same maximums as any other treatment	
Blood, Plasma, and Platelets Basic: Per day, up to \$10,000 per calendar year	\$200	\$300
Enhanced: Per day, up to \$15,000 per calendar year		
Medical Imaging Per image up to 2 per calendar year	\$200	\$300
Surgical	\$20 surgical unit/Max per operation: \$2,000	\$30 surgical unit/ Max per operation: \$3,000
Anesthesia	25% of the amount paid for covered surgery	
Second and Third Surgical Opinion Per diagnosis	\$300	\$300
Outpatient Hospital or Ambulatory Surgical Center Per day of surgery	\$200	\$400
Bone Marrow or Stem Cell Transplant Patient Provided Per calendar year	\$500	
Donor Provided Per calendar year	\$1,500	\$1,000 \$3,000
Prosthesis and Orthotic and Related Services Surgical 1 per site, lifetime max of 2 devices per covered person	\$1,000	\$1,500
Non-surgical 1 per site, lifetime max of 3 devices per covered person	\$100	\$150
Hair Prosthesis Once per life	\$100	\$150
Hospital Confinement Per day		
Day 1-30	\$100	
Day 31+	\$200	\$200 \$400
U.S. Government/Charity Hospital Paid in lieu of most benefits per day Inpatient and outpatient	\$100	\$200
Extended Care Facility Per day, up to the same number of days of paid hospital confinement	\$100	\$200
Home Health Care Per day, up to the same number of days of paid hospital confinement	\$100	\$200
Hospice Care Basic: Per day, up to \$18,000 lifetime max	\$100	\$200
Enhanced: Per day, up to \$36,000 lifetime max		
Inpatient Special Nursing Services Per day	\$100	\$200

BENEFITS	BASIC	ENHANCED
Dread Disease Per day while hospital confined		
Day 1-30	\$100	
Day 31+	\$200	\$200 \$400
Donor	\$1,000/donation	
Drugs and Medicine Inpatient Per confinement	\$50	\$100
Outpatient \$50 per prescription up to maximum shown per calendar month	\$50	\$50
Attending Physician While hospital confined, per day	\$50	\$50
Transportation & Lodging (Patient & Family Member) Transportation \$1,500 max per round trip, max 12 trips per 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	\$50
Ambulance Ground Per trip, up to 2 per confinement	\$200	
Air Per trip, up to 2 per confinement	\$2,000	\$200 \$2,000
Physical or Speech Therapy Per visit, up to 4 per calendar month, lifetime max of \$1,000.	\$50	\$50
Diagnostic and Prevention One per calendar year	\$25	\$50
Cancer Screening Follow-Up One per calendar year	\$25	\$50
Waiver of Premium Employee only	After 90 days of continuous disability	
Internal Cancer Diagnosis One per covered person per lifetime, benefits reduce 50% at age 70	\$2,500	\$5,000
Hospital Intensive Care Unit Per day, up to 30 days per confinement; benefits reduced 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 the following pages for more complete descriptions and limits to this plan.

MONTHLY PREMIUMS	BASIC	ENHANCED
Individual	\$15.80	\$24.26
Family	\$26.86	\$41.26

The premium and benefit amounts vary depending upon the plan selected.

Plan Benefit Highlights

Only loss for Cancer Unless otherwise indicated, benefits are payable 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; Hospital Intensive Care Unit Benefit; or Heart Attack or Stroke Diagnosis Benefit, if included.

Cancer means a disease that 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 have 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 by 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 charge's 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 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 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 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 requested by 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 Device 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. "Orthotic Device" means a custom-fitted or custom-fabricated medical device that is applied to a part of the human body to correct a deformity, improve function, or relieve symptoms of a disease. "Prosthetic Device" means an artificial device designed to replace, wholly or partly, an arm or leg.

Hospital Confinement Benefit Pays when the Covered Person requires Hospital confinement for at least 18 continuous hours. We will not pay this benefit for outpatient treatment or a stay of less than 18 hours in an observation unit or emergency room. 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 Hospital confinement.

Home Health Care Benefit Pays a daily benefit for Physician authorized private nursing care that begins within 14 days of 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) for at least eight consecutive hours during 24 hours.

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-Sachs 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 cancer treatment. It does not include associated administrative processes, 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 to the Covered Person.

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

Waiver of Premium Premium is 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. We will require proof annually that you remain Disabled during that time.

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.

This product may contain limitations, exclusions, and waiting periods. This product is not intended for people who are eligible for Medicaid coverage. This is a brief description of the coverage. For complete benefits and other provisions, please refer to your certificate. Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile. This policy is considered an employee welfare benefit plan and/or maintained by an association or employer intended to be covered by ERISA, and will be administrated and enforced under ERISA. Group policies issued to governmental entities may be exempt from ERISA guidelines.

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Underwritten and administered by:



American Fidelity Assurance Company
americanfidelity.com

Internal Cancer Diagnosis Benefit Payable if a Physician diagnoses the Covered Person with Internal Cancer after coverage is active for that person.

Limitations and Exclusions

Pre-existing condition means a Specified Disease for which the Covered Person: had treatment; or received advice from a Physician during the 12 months immediately before the Covered Person's Effective Date of coverage.

Pre-existing condition limitation No benefit will be payable for any loss caused by or resulting from a Pre-Existing Condition that 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 two years of coverage for confinement caused by any heart condition diagnosed or treated before 30 days following the Effective Date of coverage. (The heart condition causing confinement need not be the same condition diagnosed or treated before 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) any act of war, declared or undeclared, or any act related to war;
(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 continue 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, 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 on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice.

Critical Illness Insurance



AFLAC | www.aflacgroupinsurance.com | 1.800.433.3036

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.

Group Critical Illness Insurance

PLAN INCLUDES BENEFITS FOR CANCER AND HEALTH SCREENING

You can count on Aflac to help ease the financial impact of surviving a critical illness.



AFLAC GROUP CRITICAL ILLNESS

Aflac can help ease the financial stress of surviving a critical illness.

Chances are you may know someone who's been diagnosed with a critical illness. You can't help notice the difference in the person's life—both physically and emotionally. What's not so obvious is the impact a critical illness may have on someone's personal finances.

That's because while a major medical plan may pay for a good portion of the costs associated with a critical illness, there are a lot of expenses that may not be covered. And, during recovery, having to worry about out-of-pocket expenses is the last thing anyone needs.

That's the benefit of an Aflac Group Critical Illness plan.

It can help with the treatment costs of covered critical illnesses, such as a heart attack or stroke.

More importantly, the plan helps you focus on recuperation instead of the distraction of out-of-pocket costs. With the Critical Illness plan, you receive cash benefits directly (unless otherwise assigned)—giving you the flexibility to help pay bills related to treatment or to help with everyday living expenses.

What you need, when you need it.

Group critical illness insurance pays cash benefits that you can use any way you see fit.



But it doesn't stop there. Having group critical illness insurance from Aflac means that you may have added financial resources to help with medical costs or ongoing living expenses.

The Aflac Group Critical Illness plan benefits include:

- Critical Illness Benefit payable for:
 - Cancer
 - Heart Attack (Myocardial Infarction)
 - Stroke
 - Kidney Failure (End-Stage Renal Failure)
 - Major Organ Transplant
 - Bone Marrow Transplant (Stem Cell Transplant)
 - Sudden Cardiac Arrest
- Health Screening Benefit
- Coronary Artery Bypass Surgery
- Non-Invasive Cancer
- Skin Cancer
- Severe Burn
- Coma
- Paralysis
- Loss of Sight / Hearing / Speech

Features:

- Benefits are paid directly to you, unless otherwise assigned.
- Coverage is available for you, your spouse, and dependent children.
- Coverage may be continued (with certain stipulations). That means you can take it with you if you change jobs or retire.

How It Works:

Aflac Group Critical Illness coverage is selected.	Aflac Group Critical Illness pays an Initial Diagnosis Benefit of: \$10,000
You experience chest pains and numbness in the left arm.	
You visit the emergency room.	
A physician determines that you have suffered a heart attack.	

Amount payable based on \$10,000 Initial Diagnosis Benefit.

COVERED CRITICAL ILLNESSES:

CANCER (Internal or Invasive)	100%
HEART ATTACK (Myocardial Infarction)	100%
STROKE (Ischemic or Hemorrhagic)	100%
KIDNEY FAILURE (End-Stage Renal Failure)	100%
BONE MARROW TRANSPLANT (Stem Cell Transplant)	100%
SUDDEN CARDIAC ARREST	100%
MAJOR ORGAN TRANSPLANT (25% of this benefit is payable for insureds placed on a transplant list for a major organ transplant)	100%
SEVERE BURN*	100%
COMA**	100%
PARALYSIS**	100%
LOSS OF SIGHT / HEARING / SPEECH**	100%
NON-INVASIVE CANCER	25%
CORONARY ARTERY BYPASS SURGERY	25%

INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnosis is caused by or solely attributed to an underlying disease. Cancer diagnoses are subject to the cancer diagnosis limitation. Benefits will be based on the face amount in effect on the critical illness date of diagnosis.

ADDITIONAL DIAGNOSIS

We will pay benefits for each different critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

REOCCURRENCE

We will pay benefits for the same critical illness after the first when the two dates of diagnoses are separated by at least 6 consecutive months. Cancer diagnoses are subject to the cancer diagnosis limitation.

CHILD COVERAGE AT NO ADDITIONAL COST

Each dependent child is covered at 50 percent of the primary insured's benefit amount at no additional charge. Children-only coverage is not available.

SKIN CANCER BENEFIT

We will pay \$250 for the diagnosis of skin cancer. We will pay this benefit once per calendar year.

WAIVER OF PREMIUM

If you become totally disabled due to a covered critical illness prior to age 65, after 90 continuous days of total disability, we will waive premiums for you and any of your covered dependents. As long as you remain totally disabled, premiums will be waived up to 24 months, subject to the terms of the plan.

SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the primary insured's death, the surviving spouse may elect to continue coverage. Coverage would continue at the existing spouse face amount and would also include any dependent child coverage in force at the time.

*This benefit is only payable for a burn due to, caused by, and attributed to, a covered accident.

**These benefits are payable for loss due to a covered underlying disease or a covered accident.

HEALTH SCREENING BENEFIT (Employee and Spouse only)

We will pay \$100 for health screening tests performed while an insured's coverage is in force. We will pay this benefit once per calendar year.

This benefit is only payable for health screening tests performed as the result of preventive care, including tests and diagnostic procedures ordered in connection with routine examinations. This benefit is payable for the covered employee and spouse.

This benefit is not paid for dependent children.

OPTIONAL BENEFITS RIDER**Percentage of Face Amount****BENIGN BRAIN TUMOR**

100%

ADVANCED ALZHEIMER'S DISEASE

25%

ADVANCED PARKINSON'S DISEASE

25%

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

PROGRESSIVE BENEFITS RIDER**AMYOTROPHIC LATERAL SCLEROSIS (ALS OR LOU GEHRIG'S DISEASE)**

100%

SUSTAINED MULTIPLE SCLEROSIS

100%

This benefit is paid based on your selected Progressive Disease Benefit amount. We will pay the benefit shown upon diagnosis of one of the covered diseases if the date of diagnosis is while the rider is in force.

CHILDHOOD CONDITIONS RIDER**CYSTIC FIBROSIS**

50%

CEREBRAL PALSY

50%

CLEFT LIP OR CLEFT PALATE

50%

DOWN SYNDROME

50%

PHENYLALANINE HYDROXYLASE DEFICIENCY DISEASE (PKU)

50%

SPINA BIFIDA

50%

TYPE 1 DIABETES

50%

One Time Benefit Amount**AUTISM SPECTRUM DISORDER (ASD)**

\$3,000

Benefits are payable if a dependent child is diagnosed with one of the conditions listed and the date of diagnosis is while the rider is in force. (In Indiana, diagnosis must not be specifically excluded by the plan.)

SPECIFIED DISEASES RIDER	Percentage of Face Amount
<p>TIER I SPECIFIED DISEASE BENEFIT Addison’s Disease, Cerebrospinal Meningitis, Diphtheria, Huntington’s Chorea, Legionnaire’s Disease, Malaria, Muscular Dystrophy, Myasthenia Gravis, Necrotizing Fasciitis, Osteomyelitis, Poliomyelitis (Polio), Rabies, Sickle Cell Anemia, Systemic Lupus, Systemic Sclerosis (Scleroderma), Tetanus, Tuberculosis</p> <p>We will pay the benefit shown if an insured is diagnosed with one of the Tier I Specified Diseases listed, and if the date of diagnosis is while the rider is in force.</p> <p>For any subsequent Tier I Specified Disease to be covered, the date of diagnosis of the subsequent Tier I Specified Disease must be 180 days or more after the date the insured first qualified for any previously paid Tier I Specified Disease Benefit.</p>	<p>25%</p>
<p>TIER II SPECIFIED DISEASE BENEFIT Covered Diseases: Human Coronavirus</p> <p>We will pay the benefit shown if an insured is diagnosed with one of the Tier II Specified Diseases listed, and such diagnosis results in either a period of hospital confinement or hospital intensive care unit confinement as a direct result of the Tier II Specified Disease. Furthermore, the date of diagnosis must be while the rider is in force.</p> <p>In addition, the insured must be receiving treatment for the Tier II Specified Disease for the minimum number of days shown. Only the highest eligible benefit amount will be payable under these benefits. In the event a lower benefit amount was previously paid under these benefits for any period of hospital confinement and that confinement is extended or the insured is moved to an intensive care unit triggering a higher payment, the difference between the previous paid benefit amount and the new benefit amount will be provided.</p> <p>For any subsequent Tier II Specified Disease to be covered, the date of diagnosis of the subsequent Tier II Specified Disease must be 180 days or more after the date the insured first qualified for any previously paid Tier II Specified Disease Benefit.</p>	<p>10% if confined to a hospital for 4-9 days</p> <p>25% if confined to a hospital for 10 or more days</p> <p>40% if confined to an intensive care unit</p>

Rates Table For:
 Medina Valley ISD
 Group Critical Illness
 GP-42489
 PLAN-270288

Deduction Frequency :
 Monthly (12pp / yr)
 Employee - Non-Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.24	\$7.55	\$9.86	\$12.17	\$14.48	\$16.80	\$19.11	\$21.42	\$23.73	\$26.04
30-39	\$6.52	\$10.11	\$13.70	\$17.28	\$20.87	\$24.46	\$28.05	\$31.64	\$35.23	\$38.82
40-49	\$9.66	\$16.39	\$23.12	\$29.85	\$36.58	\$43.31	\$50.05	\$56.78	\$63.51	\$70.24
50-59	\$15.79	\$28.65	\$41.51	\$54.37	\$67.23	\$80.09	\$92.95	\$105.82	\$118.68	\$131.54
60+	\$27.31	\$51.70	\$76.08	\$100.47	\$124.85	\$149.23	\$173.62	\$198.00	\$222.39	\$246.77

Employee - Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$6.07	\$9.20	\$12.34	\$15.47	\$18.61	\$21.74	\$24.88	\$28.01	\$31.15	\$34.28
30-39	\$8.37	\$13.81	\$19.25	\$24.69	\$30.14	\$35.58	\$41.02	\$46.46	\$51.90	\$57.34
40-49	\$13.35	\$23.78	\$34.20	\$44.63	\$55.05	\$65.47	\$75.90	\$86.32	\$96.75	\$107.17
50-59	\$23.52	\$44.11	\$64.70	\$85.29	\$105.87	\$126.46	\$147.05	\$167.64	\$188.23	\$208.82
60+	\$40.82	\$78.72	\$116.61	\$154.50	\$192.40	\$230.29	\$268.18	\$306.08	\$343.97	\$381.86

Spouse - Non-Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$4.96	\$7.00	\$9.03	\$11.06	\$13.10	\$15.13	\$17.16	\$19.19	\$21.23	\$23.26
30-39	\$6.24	\$9.55	\$12.86	\$16.17	\$19.48	\$22.79	\$26.11	\$29.42	\$32.73	\$36.04
40-49	\$9.38	\$15.84	\$22.29	\$28.74	\$35.19	\$41.65	\$48.10	\$54.55	\$61.01	\$67.46
50-59	\$15.51	\$28.10	\$40.68	\$53.26	\$65.84	\$78.43	\$91.01	\$103.59	\$116.17	\$128.76
60+	\$27.04	\$51.14	\$75.25	\$99.36	\$123.46	\$147.57	\$171.67	\$195.78	\$219.89	\$243.99

Spouse - Tobacco

	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000
18-29	\$5.79	\$8.64	\$11.50	\$14.36	\$17.22	\$20.07	\$22.93	\$25.79	\$28.64	\$31.50
30-39	\$8.09	\$13.26	\$18.42	\$23.58	\$28.75	\$33.91	\$39.07	\$44.24	\$49.40	\$54.56
40-49	\$13.08	\$23.22	\$33.37	\$43.51	\$53.66	\$63.81	\$73.95	\$84.10	\$94.24	\$104.39
50-59	\$23.24	\$43.55	\$63.86	\$84.17	\$104.49	\$124.80	\$145.11	\$165.42	\$185.73	\$206.04
60+	\$40.55	\$78.16	\$115.78	\$153.39	\$191.01	\$228.62	\$266.24	\$303.85	\$341.47	\$379.08

Accident Insurance



Aetna | www.myaetnasupplemental.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

BENEFIT SUMMARY

**Medina Valley Independent School District
803095**

Aetna Off/On Job Accident Plan

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

Insurance plans are underwritten by Aetna Life Insurance Company.

The benefits in the table below will be paid when you receive covered treatment for a covered Accident. Unless otherwise indicated, all benefits and limitations are per covered person.

Note: Certain benefits are payable once per covered accident; while others are once per plan year. If a service or injury falls in more than one category, the plan will pay the greater of. Refer to the Certificate for more details.

Initial Care

Covered Benefit	Benefit Amounts
Ambulance	
Ground ambulance	\$300
Pays a benefit for when you are transported by a licensed professional ambulance company by a Ground ambulance to or from a hospital, or between medical facilities, where treatment for an accidental injury is received. Transportation to or from a hospital within 24 hours after an accidental injury.	
Air ambulance	\$1,500
Pays a benefit for when you are transported by a licensed professional ambulance company by an Air ambulance to or from a hospital, or between medical facilities, where treatment for an accidental injury is received. Transportation to or from a hospital within 48 hours after an accidental injury.	
<i>Maximum trips per accident, air and ground combined</i>	
	1

Covered Benefit	Benefit Amounts
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Initial Treatment

Emergency room/Hospital

\$300

Pays a benefit if an insured person requires initial examination and treatment in an emergency room as the result of an accidental injury. The initial examination and treatment must be received within 72 hours after the accidental injury.

Physician's office/Urgent care facility

\$300

Pays a benefit if an insured person requires initial examination and treatment in a physician's office or urgent care center as the result of an accidental injury. The initial examination and treatment must be received within 72 hours after the accidental injury.

Walk-in clinic/Telemedicine

\$50

Maximum visits per accident, combined for all places of service

1

Maximum visits per plan year, combined for all places of service

3

X-ray/Lab

\$75

Pays if an insured person receives an X-ray due to an accidental injury. The X-ray(s) must be prescribed by a physician and performed by a licensed facility within 30 days after the accidental injury.

Medical imaging

\$200

Pays a benefit if an insured person receives a medical imaging test due to an accidental injury. Medical imaging tests include only the following:

1. Positron Emission Tomography (PET)
2. Computed Tomography Scan (CT)
3. Computed Axial Tomography (CAT)
4. Magnetic Resonance (MR) or Magnetic Resonance Imaging (MRI)
5. Electroencephalogram (EEG)

The test must be ordered by a physician and performed in a medical facility on an outpatient basis within 180 days after the accidental injury.

Follow-up Care

Covered Benefit	Benefit Amounts
Accident follow-up	
Emergency room/Hospital Pays a benefit if an insured person receives follow-up treatment in emergency room or hospital for an accidental injury within one year of the accident.	\$125
Physician's office/Urgent care facility Pays a benefit if an insured person receives follow-up treatment in a physician's office or urgent care center for an accidental injury within one year of the accident.	\$125
Walk-in clinic/Telemedicine <i>Maximum visits per accident, combined for all places of service</i> <i>Maximum visits per plan year, combined for all places of service</i>	\$25 4 12
Appliances	
Major: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair	\$300
Minor: Brace, cane, crutches, walker, walking boot, other medical devices to aid in your physical movement	\$150
Chiropractic treatment and alternative therapy <i>Maximum visits per accident</i> <i>Maximum visits per plan year</i>	\$35 10 30
Pain management (epidural anesthesia) Pays a benefit if an insured person receives epidural anesthesia as the result of an accidental injury. The epidural anesthesia must be administered within 60 days after the accidental injury.	\$150
Prescription drugs	\$10
Prosthetic device/Artificial limb	
One limb	\$1,500
Multiple limbs <i>Maximum benefit per accident</i>	\$3,000 1
Repair or replace <i>Maximum benefit per plan year</i>	25% 1
Therapy services - Speech, occupational, or physical therapy or cognitive rehabilitation <i>Maximum visits per accident</i>	\$35 10

Hospital Care

Covered Benefit	Benefit Amounts
Hospital stay – admission (initial day)	
<p>Non-ICU admission</p> <p>Pays a benefit if an insured person is admitted into the hospital due to an accidental injury. We will not pay this benefit if you're admitted into an observation unit, treated in an emergency room or outpatient surgery. The stay must begin within 180 days after an accidental injury.</p>	\$1,500
<p>ICU admission</p> <p>Pays a benefit if an insured person is admitted directly to ICU due to an accidental injury. The stay must begin within 30 days after an accidental injury.</p>	\$3,000
Hospital stay – daily*	
<p>Non-ICU daily</p> <p>Pays a benefit if an insured person has a stay in a hospital due to an accidental injury.</p>	\$300
<p>ICU daily</p> <p>Pays a benefit if an insured person has a stay in an ICU due to an accidental injury. The stay must begin within 30 days after an accidental injury.</p>	\$600
<p>Step down intensive care unit daily</p> <p><i>Maximum days per accident (combined for all stays due to the same accident)</i></p>	\$600 365
Rehabilitation unit stay – daily	\$350
<p>Pays a benefit if an insured person is transferred to a rehabilitation unit immediately after a stay in a hospital due to an accidental injury.</p> <p><i>Maximum days per accident</i></p>	30
<p>Observation unit</p> <p>Pays a benefit if an insured person requires services in an observation unit as the result of an accidental injury. The Hospital Stay Admission Benefit will not be payable if the Observation Unit Benefit is payable. Observation services must begin within 72 hours after the accidental injury.</p>	\$100

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

Surgical Care

Covered Benefit	Benefit Amounts
Blood/Plasma/Platelets	\$500
Pays a benefit if an insured person receives the transfusion of blood, plasma and/or platelets due to an accidental injury. The transfusion must take place within 90 days after the accidental injury	
Eye Injury	
Surgical repair	\$400
Removal of foreign object	\$300
Surgery (without repair)	
Arthroscopic or exploratory	\$300
Pays a benefit if an insured person undergoes exploratory or arthroscopic surgery, and no repair is done, within 60 days of the accidental injury.	
Surgery (with repair)	
Cranial, open abdominal or thoracic	\$2,000
Pays a benefit if an insured person undergoes cranial, open abdominal or thoracic surgery, and repair is done, within 72 hours of the accidental injury.	
Hernia	\$300
Pays a benefit if an insured person undergoes hernia surgery as the result of an accidental injury. A physician must diagnose the hernia within 30 days after the accidental injury; and perform surgery within 60 days after the accidental injury.	
Ruptured disc	\$1,000
Pays a benefit if an insured person sustains a ruptured disc in the spine as the result of an accidental injury. A physician must treat the ruptured disc within 60 days after the accidental injury; and repair it through surgery within one year after the accidental injury.	
Tendon/Ligament/Rotator cuff	
Single repair	\$1,000
Multiple repairs	\$2,000
Torn knee cartilage	\$1,000
Pays a benefit if an insured person sustains a torn knee cartilage (meniscus) as the result of an accidental injury. A physician must treat the torn knee cartilage within 60 days after the accidental injury; and repair it through surgery within 180 days after the accidental injury.	
Non-Specified	
Inpatient	\$300
Outpatient	\$300
<i>Maximum benefits per accident, combined for all Surgery (without repair) and Surgery (with repair) benefits</i>	2

Transportation/Lodging Assistance

Covered Benefit	Benefit Amounts
Lodging Pays for one motel/hotel room for a companion to accompany you for each day of a stay due to an accidental injury. Your stay must be more than 50 miles from your home. <i>Maximum days per accident</i>	\$200 30
Transportation We will pay the Transportation Benefit shown in the Schedule of Benefits for an insured person who must travel from his or her residence more than 50 miles one way on physician's advice for treatment of a payable Accidental injury.	\$500

Dislocations and Fractures

Covered Benefit	Benefit Amounts
Dislocations – Closed Reduction* Hip Knee Ankle – bone or bones of the foot (other than toes) Collarbone (sternoclavicular) Lower jaw Shoulder (glenohumeral) Elbow Wrist Bone or bones of the hand (other than fingers) Collarbone (acromioclavicular and separation) Rib One toe or one finger Partial dislocation <i>Maximum dislocations per accident</i>	\$6,000 \$3,000 \$1,500 \$1,200 \$1,200 \$1,200 \$1,200 \$1,200 \$1,200 \$1,200 \$300 \$300 \$300 25% 3
*Open reduction pays 2.0 times the closed reduction benefit value	

Fractures - Closed Reduction*

Pays a benefit if an insured person sustains a fracture as the result of an accidental injury.

A physician must diagnose the fracture within **90 days** after the accidental injury and correct it by **closed reduction**.

Skull (except bones of the face or nose), depressed	\$8,250
Skull (except bones of the face or nose), non-depressed	\$8,250
Hip, thigh (femur)	\$3,450
Vertebrae, body of (excluding vertebral processes)	\$2,250
Pelvis (inc. ilium, ischium, pubis, acetabulum except coccyx)	\$2,250
Leg (tibia and/or fibula malleolus)	\$2,250
Bones of the face or nose (except mandible or maxilla)	\$1,200
Upper jaw, maxilla (except alveolar process)	\$1,200
Upper arm between elbow and shoulder (humerus)	\$1,200
Lower jaw, mandible (except alveolar process)	\$1,200
Collarbone (clavicle, sternum)	\$1,200
Shoulder blade (scapula)	\$1,200
Vertebral process	\$1,200
Forearm (radius and/or ulna)	\$900
Kneecap (patella)	\$900
Hand/foot (except fingers/toes)	\$900
Ankle/wrist	\$900
Rib	\$450
Coccyx	\$450
Finger, toe	\$450
Chip fracture	25%
<i>Maximum fractures per accident</i>	3

*Open reduction pays 2.0 times the closed reduction benefit value

Accidental Death & Dismemberment and Paralysis Benefits

Covered Benefit	Benefit Amounts
Accidental death	
Pays a benefit if an insured person sustains an accidental injury which causes the insured person's death within 90 days after an accident.	
Employee	\$100,000
Covered dependent spouse	\$50,000
Covered dependent children	\$50,000
Accidental death common carrier	
Pays a benefit if an insured person sustains an accidental injury while the insured person is a fare paying passenger on a common carrier and the accidental injury causes the insured person's death within 90 days after an accident.	
Employee	\$200,000
Covered dependent spouse	\$100,000
Covered dependent children	\$100,000
Accidental dismemberment	
Pays a benefit if an insured person sustains one or more limbs due to an accidental injury as classified below and in the schedule of benefits. The loss must occur within 90 days after an accidental injury.	
Loss of arm	\$20,000
Loss of hand	\$20,000
Loss of leg	\$20,000
Loss of foot	\$20,000
Loss of sight	\$20,000
Loss of ability to speak	\$30,000
Loss of hearing	\$20,000
<i>Maximum dismemberments per accident (non-finger, toe)</i>	2
Loss of finger	\$5,000
Loss of toe	\$5,000
<i>Maximum dismemberments per accident (finger, toe)</i>	4
Home and vehicle alteration	\$2,500
Paralysis (complete, total and permanent loss)	
Pays a benefit if an insured person sustains paralysis as a result of an accidental injury. A physician must diagnose paralysis within 60 days after the accidental injury; and confirm the paralysis continued for a period of 90 consecutive days.	
Quadriplegia	\$40,000
Triplegia	\$25,000
Paraplegia	\$20,000
Hemiplegia	\$20,000
Diplegia	\$20,000
Monoplegia	\$5,000

Other Accidental Injuries

Covered Benefit	Benefit Amounts
Animal bite treatment	
Tetanus shot	\$100
Anti-venom shot	\$200
Rabies shot	\$300
Brain injury	
Concussion/Mild traumatic brain injury	\$200
Moderate/Severe traumatic brain injury	\$600
Burn	
Pays a benefit if an insured person receives a second degree burn or third degree burn as a result of an accidental injury. Treatment must be received by a physician within 72 hours after the accidental injury.	
Second degree burn, greater than 5% of total body surface	\$2,000
Third degree burn, less than 5% of total body surface	\$2,500
Third degree burn, 5-10% of total body surface	\$9,000
Third degree burn, greater than 10% of total body surface	\$27,000
Burn skin graft	50% of Burn
Pays a benefit if an insured person receives a skin graft for a burn as a result of an accidental injury. Treatment must be received by a physician within 72 hours after the accidental injury.	
Coma/Persistent vegetative state (PVS)	
Coma (non-induced)	\$20,000
PVS	\$20,000
Coma (induced)	\$250
<i>Maximum days per accident</i>	10
Dental treatment	
Pays a benefit if an insured person sustains a broken tooth as the result of an accidental injury and the tooth is repaired by a dental crown and/or dental extraction. The dental services must begin within 60 days after the accidental injury.	
<i>Maximum 1 per accident</i>	
Extractions	\$100
Crown	\$300
Gunshot wound	\$2,000
Laceration	
Pays a benefit if an insured person receives a laceration as the result of an accidental injury. The laceration must be repaired by a physician within 72 hours after the accidental injury.	
Without stitches	\$25
With stitches, less than 7.5 centimeters	\$75
With stitches, 7.6 - 20.0 centimeters	\$300
With stitches, greater than 20.0 centimeters	\$600
Posttraumatic stress disorder (PTSD)	\$500
<i>Maximum diagnoses per lifetime</i>	1
Service dog	\$1,500
<i>Maximum service dogs per your lifetime</i>	1

Waiver of Premium

Covered Benefit	Benefit Amount
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

Organized Sports Rider

Covered Benefit	Benefit Amount
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%

Excluded benefits for Organized Sports Rider

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

Health Screening Rider

Covered Benefit	Benefit Amount
Health screening* Maximum 1 test per plan year	\$50

*Covered Health Screenings

- Bone marrow screening
- Bone mass density measurement (DEXA, DXA)
- Biopsies for cancer
- Blood chemistry panel
- Breast sonogram
- 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)
- 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



RATE SHEET

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



Accident Plan

Coverage	Cost
Yourself only	\$13.46
Yourself & spouse	\$21.61
Yourself plus child(ren)	\$22.05
Yourself and family	\$30.21

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

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

Financial Sanctions Exclusions Clause: If coverage provided by this policy violates or will violate any US economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments or reimburse for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or entity, or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Assets Control (OFAC) license. For more information on OFAC, visit

<http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>.

Policy forms issued in Oklahoma and Idaho include: GR-96841, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01; GR-96843



Hospital Indemnity Insurance



AFLAC | www.aflacgroupinsurance.com | 1.800.433.3036

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!

Group Hospital Indemnity Insurance

Even a small trip to the hospital can have a major impact on your finances.

Here's a way to help make your visit a little more affordable.



AFLAC GROUP HOSPITAL INDEMNITY

The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

That's how the Aflac Group Hospital Indemnity plan can help.

It provides financial assistance to enhance your current coverage. It may help avoid dipping into savings or having to borrow to address out-of-pocket-expenses major medical insurance was never intended to cover. Like transportation and meals for family members, help with child care, or time away from work, for instance.

The Aflac Group Hospital Indemnity plan benefits include the following:

- Hospital Confinement Benefit
- Hospital Admission Benefit
- Hospital Intensive Care Benefit and more

How It Works:

Aflac Group Hospital Indemnity coverage is selected.

The insured has a high fever and goes to the emergency room

The physician admits the insured into the hospital.

The insured is released after two days.

Aflac Group Hospital Indemnity
High plan 1 pays:

\$4,800

Amount payable was generated based on benefit amounts for: Hospital Admission (\$4,000) and Hospital Confinement (\$400 per day).

The plan has limitations and exclusions that may affect benefits payable. This brochure is for illustrative purposes only. Refer to your certificate for complete details, definitions, limitations, and exclusions.

BENEFITS OVERVIEW:**PLAN 1****PLAN 2**

<p>HOSPITAL ADMISSION BENEFIT per confinement (once per covered sickness or accident per calendar year for each insured) Payable when an insured is admitted to a hospital and confined as an inpatient because of a covered accidental injury or covered sickness. We will not pay benefits for confinement to an observation unit, or for emergency room treatment or outpatient treatment.</p> <p>We will not pay benefits for admission of a newborn child following his birth; however, we will pay for a newborn's admission to a Hospital Intensive Care Unit if, following birth, he is confined as an inpatient as a result of a covered accidental injury or covered sickness (including congenital defects, birth abnormalities, and/or premature birth).</p>	\$4,000	\$2,000
<p>HOSPITAL CONFINEMENT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured) Payable for each day that an insured is confined to a hospital as an inpatient as the result of a covered accidental injury or covered sickness. If we pay benefits for confinement and the insured becomes confined again within six months because of the same or related condition, we will treat this confinement as the same period of confinement. This benefit is payable for only one hospital confinement at a time even if caused by more than one covered accidental injury, more than one covered sickness, or a covered accidental injury and a covered sickness.</p>	\$400	\$200
<p>HOSPITAL INTENSIVE CARE BENEFIT per day (maximum of 10 days per confinement for each covered sickness or accident for each insured) Payable for each day when an insured is confined in a Hospital Intensive Care Unit because of a covered accidental injury or covered sickness. We will pay benefits for only one confinement in a Hospital's Intensive Care Unit at a time. Once benefits are paid, if an insured becomes confined to a Hospital's Intensive Care Unit again within six months because of the same or related condition, we will treat this confinement as the same period of confinement.</p> <p>This benefit is payable in addition to the Hospital Confinement Benefit.</p>	\$800	\$400

SUCCESSOR INSURED BENEFIT

If spouse coverage is in force at the time of the employee's death, the surviving spouse may elect to continue coverage. Coverage would continue according to the existing plan and would also include any dependent child coverage in force at the time.

In order to receive benefits for accidental injuries due to a covered accident, an insured must be admitted within six months of the date of the covered accident (in Washington, twelve months).

LIMITATIONS AND EXCLUSIONS

State references refer to the state of your group and not your resident state.

We will not pay for loss due to:

- War – voluntarily participating in war, any act of war, or military conflicts, declared or undeclared, or voluntarily participating or serving in the military, armed forces, or an auxiliary unit thereto, or contracting with any country or international authority. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War also includes voluntary participation (In North Carolina, active participation) in an insurrection, riot, civil commotion or civil state of belligerence. War does not include acts of terrorism (except in Illinois).
 - In Connecticut: a riot is not excluded.
 - In Oklahoma: War, or any act of war, declared or undeclared, when serving in the military, armed forces, or an auxiliary unit thereto. (We will return the prorated premium for any period not covered by the certificate when the insured is in such service.) War does not include acts of terrorism.
- Suicide – committing or attempting to commit suicide, while sane or insane.
 - In Missouri, Montana, and Vermont: committing or attempting to commit suicide, while sane.
 - In Minnesota: this exclusion does not apply.
- Self-Inflicted Injuries – injuring or attempting to injure oneself intentionally.
 - In Missouri: injuring or attempting to injure oneself intentionally which is obviously not an attempted suicide.
 - In Vermont: injuring or attempting to injure oneself intentionally, while sane.

- Racing – riding in or driving any motor-driven vehicle in a race, stunt show or speed test in a professional or semi-professional capacity.
- Illegal Occupation – voluntarily participating in, committing, or attempting to commit a felony or illegal act or activity, or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In Connecticut: voluntarily participating in, committing, or attempting to commit a felony.
 - In Illinois: committing or attempting to commit a felony or being engaged in an illegal occupation.
 - In Nebraska and Tennessee: voluntarily participating in, committing, or attempting to commit a felony or voluntarily working at, or being engaged in, an illegal occupation or job.
 - In Pennsylvania: committing or attempting to commit a felony, or being engaged in an illegal occupation.
 - In South Dakota: voluntarily committing a felony.
- Sports – participating in any organized sport in a professional or semi-professional capacity.
- Custodial Care – this is non-medical care that helps individuals with the basic tasks of everyday life, the preparation of special diets, and the self-administration of medication which does not require the constant attention of medical personnel.
- Treatment for being overweight, gastric bypass or stapling, intestinal bypass, and any related procedures, including any resulting complications.
- Services performed by a family member.
 - In Arizona: this exclusion does not apply.
 - In South Dakota: this exclusion does not apply.
- Services related to sex or gender change, sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
 - In Washington D.C. and Washington: Services related to sterilization, in vitro fertilization, vasectomy or reversal of a vasectomy, or tubal ligation.
- Elective Abortion – an abortion for any reason other than to preserve the life of the person upon whom the abortion is performed.
 - In Tennessee, or if the pregnancy was the result of rape or incest, or if the fetus is non-viable.
- Dental Services or Treatment.
- Cosmetic Surgery, except when due to:
 - Reconstructive surgery, when the service is related to or follows surgery resulting from a Covered Accidental Injury or a Covered Sickness, or is related to or results from a congenital disease or anomaly of a covered dependent child.
 - Congenital defects in newborns.

TERMS YOU NEED TO KNOW

A Covered Accident is an accident that occurs on or after an insured's effective date while coverage is in force, and that is not specifically excluded by the plan.

Dependent means your spouse or dependent children, as defined in the applicable rider, who have been accepted for coverage. Spouse is your legal wife, husband, or partner in a legally recognized union. Refer to your certificate for details.

Dependent Children are your or your spouse's natural children, step-children, grandchildren who are in your legal custody and residing with you, foster children, children subject to legal guardianship, legally adopted children (in Texas, adopted children), or children placed for adoption. (In Florida, coverage may be provided for the children of custodial and non-custodial parents.) Newborn children are automatically covered from the moment of birth for 60 days. Newly adopted children (and foster children in North Carolina) are automatically covered for 60 days also. See certificate for details. Dependent children must be younger than age 26 (in Arizona, on the effective date of coverage and in Louisiana and Illinois, unmarried). See certificate for details.

Doctor is a person who is duly qualified as a practitioner of the healing arts acting within the scope of his license, and: is licensed to practice medicine; prescribe and administer drugs; or to perform surgery, or is a duly qualified medical practitioner according to the laws and regulations in the state in which treatment is made.

In Montana: For purposes of treatment, the insured has full freedom of choice in the selection of any licensed physician, physician assistant, dentist, osteopath, chiropractor, optometrist, podiatrist, licensed social worker, psychologist, licensed professional counselor, acupuncturist, naturopathic physician, physical therapist, or advanced practice registered nurse.

A Doctor does not include you or any of your Family Members. For the purposes of this definition, Family Member includes your spouse as well as the following members of your immediate family: son, daughter, mother, father, sister, or brother.

In Arizona, however, a doctor who is your family member may treat you. In South Dakota, however, a doctor who is your family member may treat you if that doctor is the only doctor in the area and acts within the scope of his or her practice.

A Hospital is not a nursing home; an extended care facility; a skilled nursing facility; a rest home or home for the aged; a rehabilitation facility; a facility for the treatment of alcoholism or drug addiction (except in Vermont); an assisted living facility; or any facility not meeting the definition of a Hospital as defined in the certificate.

A Hospital Intensive Care Unit is not any of the following step-down units: a progressive care unit; a sub-acute intensive care unit; an intermediate care unit; a private monitored room; a surgical recovery room; an observation unit; or any facility not meeting the definition of a Hospital Intensive Care Unit as defined in the certificate.

Sickness means an illness, infection, disease, or any other abnormal physical condition or pregnancy that is not caused solely by, or the result of, any injury (In Maine, illness or disease of an insured). A Covered Sickness is one that is not excluded by name, specific description, or any other provision in this plan. For a benefit to be payable, loss arising from the covered sickness must occur while the applicable insured's coverage is in force (except in Montana).

Treatment is the consultation, care, or services provided by a doctor. This includes receiving any diagnostic measures and taking prescribed drugs and medicines. Treatment does not include telemedicine services (except in Kansas).

You May Continue Your Coverage

Your coverage may be continued with certain stipulations. See certificate for details.

Termination of Coverage

Your insurance may terminate when the plan is terminated; the 31st day after the premium due date if the premium has not been paid; or the date you no longer belong to an eligible class. If your coverage terminates, we will provide benefits for valid claims that arose while your coverage was in force. See certificate for details.

NOTICES

If this coverage will replace any existing individual policy, please be aware that it may be in your best interest to maintain your individual guaranteed-renewable policy.

Notice to Consumer: The coverages provided by Continental American Insurance Company (CAIC) represent supplemental benefits only. They do not constitute comprehensive health insurance coverage and do not satisfy the requirement of minimum essential coverage under the Affordable Care Act. CAIC coverage is not intended to replace or be issued in lieu of major medical coverage. It is designed to supplement a major medical program.

For more information, ask your insurance agent/producer, call 1.800.433.3036, or visit afacgroupinsurance.com.



Continental American Insurance Company (CAIC), a proud member of the Aflac family of insurers, is a wholly-owned subsidiary of Aflac Incorporated and underwrites group coverage. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico, or the Virgin Islands.

Continental American Insurance Company • Columbia, South Carolina

The certificate to which this sales material pertains may be written only in English; the certificate prevails if interpretation of this material varies. Read your certificate carefully for exact terms and conditions. You're welcome to request a full copy of the plan certificate through your employer or by reaching out to our Customer Service Center. Benefits, terms, and conditions may vary by state.

This brochure is subject to the terms, conditions, and limitations of Policy Series C80000. In Arkansas, C80100AR. In Oklahoma, C80100OK. In Oregon, C80100OR. In Pennsylvania, C80100PA. In Texas, C80100TX. In Virginia, C80100VA.



Group Plan Submission (GP-42489)

Group Hospital Indemnity (PLAN-272391)

Medina Valley ISD - TX

Deduction Frequency

Monthly (12pp / yr)

Employee

\$28.50

Employee & Dependent Spouse

\$57.42

Employee & Dependent Child(ren)

\$45.10

Family

\$74.02

Group Plan Submission (GP-42489)

Group Hospital Indemnity (PLAN-272392)

Medina Valley ISD - TX

Deduction Frequency

Monthly (12pp / yr)

Employee

\$56.96

Employee & Dependent Spouse

\$114.78

Employee & Dependent Child(ren)

\$90.14

Family

\$147.96

Medical Transport



MASA | 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.



DID YOU KNOW?

25 MILLION PEOPLE

are sent to the emergency room through ground or air ambulance every year*.

Insurance companies **may not** cover all air and ground ambulance expenses which can result in in-network out-of-pocket costs.**

Ground ambulance **out-of-network transportation costs may be even higher than in-network.**



EMERGENCY PLUS MEMBERSHIP BENEFITS

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses~ for emergency ambulance transportation assistance and other related services.

Emergency Air Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Ground Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Hospital to Hospital Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

Repatriation to Hospital Near Home Coverage¹

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization more than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

Contact Your Representative, to learn more:



2023 PLAN YEAR

Start saving for retirement!

Your employer provides you with the opportunity to save for retirement with a 403(b) Plan. A 403(b) Plan is a supplemental retirement savings plan offered to public school employees through their school districts or open-enrollment charter schools. Like a 401(k) Plan, eligible employees may make contributions to a 403(b) Plan (up to the IRS limits) on either a pre-tax or Roth after-tax basis, depending on what your plan allows.

Why contribute to a 403(b) Plan?

With people living longer, healthier lives, a 403(b) Plan will allow you to maintain your current standard of living and enjoy life after retirement. A voluntary 403(b) Plan gives you the opportunity to supplement your TRS, ERS or other state retirement system (if any).

Eligibility

All employees who receive compensation reportable on an IRS Form W-2 from the Employer are eligible to participate.

Enrollment

All eligible employees may enroll in the 403(b) Plan at any time during the year, not just during Open Enrollment. See "How to Enroll" on the next page.

403(b) Plan Limits

- Participants may contribute up to \$22,500 in 2023.
- Participants aged 50 and older at any time during the calendar year on or before 12/31/2023 may contribute \$30,000, which includes an additional \$7,500 in catch-up contributions.
- You can split your contributions between traditional pre-tax contributions and Roth after-tax contributions (if allowed), but you cannot go over the IRS limit.
- Unlike a Roth IRA, there are no income caps on Roth 403(b) contributions!
- Your 403(b) contributions must be aggregated for these plan types: 401(k), 403(b), SIMPLE Plans (SIMPLE IRA and SIMPLE 401(k) plans), and SARSEP. Please obtain advice from a tax professional if this applies to you and notify us.
- The 403(b) contribution limit is separate from the limit for a Traditional IRA, Roth IRA or 457(b) Plan.
- Please note that the combination of all employer contributions (if any) and employee contributions is limited to the lesser of \$66,000 or 100% of your compensation in 2023.

403(b) Plan Highlights

- Your employer's 403(b) third-party administrator (TPA) is First Financial Administrators, Inc. For assistance, please contact First Financial Administrators at 1-800-523-8422, option 2, by email at retirement@ffga.com or via our [online form](#).
- You may change your 403(b) contribution amount at any time by calling First Financial for the 403(b) Salary Reduction Agreement (SRA) Form.
- Optional plan features, such as whether your plan allows Roth 403(b) after-tax contributions, are available on your employer's 403(b) Retirement Plan page. Go to www.ffga.com. Hover over Login (top of the page next to Search 🔍). Select Retirement Plan Information. Enter your employer's name, select from the list, and click Submit. For Forms: select 403(b) Forms and Information (in the Related Resources box). Select 403(b) Salary Reduction Agreement.

2023 PLAN YEAR

HOW TO ENROLL

STEP 1: Review the list of 403(b) Plan Investment Providers available.

- Visit www.ffga.com and hover over Login at the top of the page next to Search. Select Retirement Plan Information. Enter your employer's name, select it from the list that appears and click Submit. Select Your Authorized Providers in the Related Resources box found in the top right corner.
- Before opening a 403(b)(1) annuity or 403(b)(7) custodial account, we strongly encourage you to thoroughly research the options available to you, including other plans available like an employer-sponsored 457(b) Plan. You may begin learning more about 403(b) Plans by viewing additional resources such as www.403bwise.org.
- Your employer and First Financial Administrators, Inc., do not offer advice or explicitly or implicitly endorse or approve any specific 403(b) Plan provider or agent. You may compare 403(b) fees for the 403(b) vendors available at your employer by visiting www.403bcompare.com, and also research firms and agents at www.investor.gov/CRS (SEC).

STEP 2: Set up your 403(b) account.

- Complete the 403(b) enrollment forms or enroll online with the 403(b) company you selected. If you have an existing 403(b) account at another district, you may be able to transfer to your new district. Please contact your 403(b) provider or First Financial Administrators, Inc., for assistance.
- If your 403(b) company does not allow you to self-enroll and requires an agent, you may call the company for an agent in your area or use our [403\(b\) Agent Search](#) tool online.

STEP 3: Start 403(b) contributions.

- Once your 403(b) account is open, complete the 403(b) Salary Reduction Agreement (SRA) form and Uniform Disclosure Notice (all states except Texas) and either fax to First Financial Administrators, Inc. at (866) 265-4594 or upload to <https://sftp-transfer.ffga.com>. For log-in credentials, please call us at (800) 523-8422, option 2 or email us at retirement@ffga.com.
- You're finished! If you wish to make 403(b) contribution adjustments, you will need to sign another 403(b) Salary Reduction Agreement (SRA) form. An agent signature is not required for contribution changes to an existing 403(b) account or for a new self-enroll 403(b). An agent signature is needed for a new 403(b) account that requires an agent to enroll.

Additional 403(b) Resources

- [403\(b\) Plan Video](#)
- [SEC.gov | Evaluating Your Retirement Options](#)
- [403\(b\) Forms and Plan Information](#): Enter your employer's name to view details.
- [403\(b\) Rules for Solicitation](#): Agents must follow these rules. If you are aware of any violations to this agreement, please contact either us or your administration office.

Clever RX



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

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EMPLOYEE BENEFITS CENTER – <https://ffbenefits.ffga.com/medinavalleyisd/>

The Employee Benefits Center (EBC) is a one-stop-shop for you to find all things benefits related. On the website, you'll find open enrollment and plan year dates, benefit descriptions, carrier contact information, product brochures, claim forms and enrollment details. Visit <https://ffbenefits.ffga.com/medinavalleyisd/> today.