

# Medina Valley ISD 2025-2026 BENEFITS GUIDE



SCAN ME



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

# Employee Benefits Center

## A guide to your benefits!

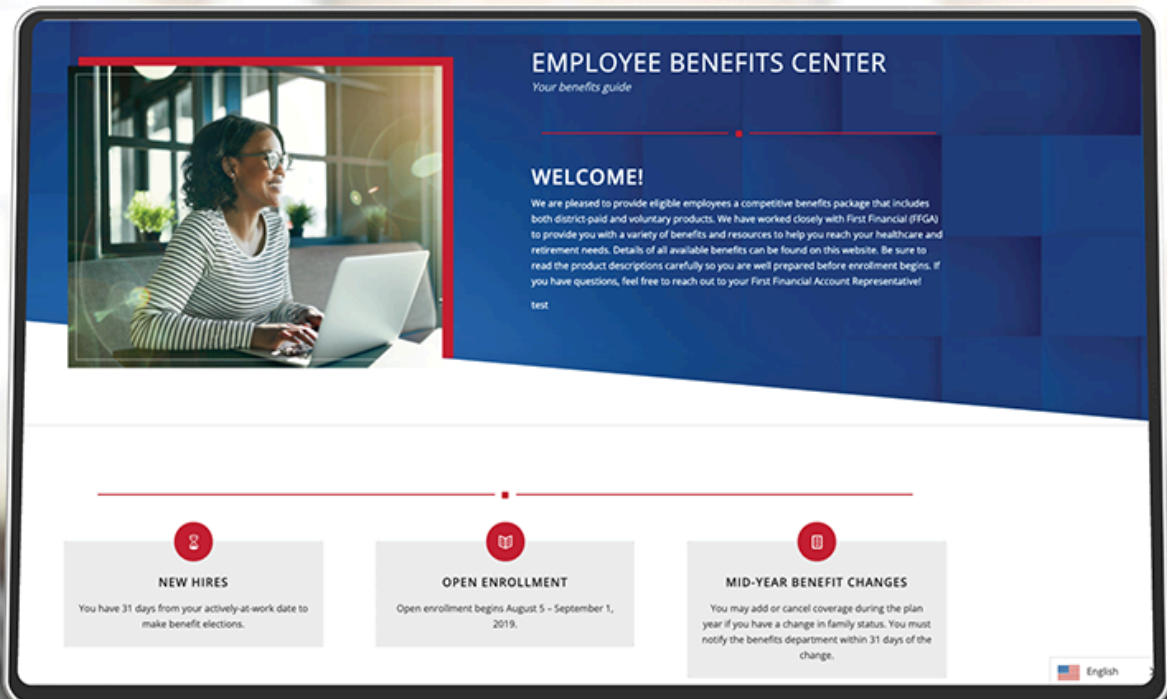
Medina Valley ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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



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

[ffbenefits.ffga.com/medinavalleyisd](http://ffbenefits.ffga.com/medinavalleyisd)



# How to Enroll

## Benefits Enrollment

### On-Site Enrollment

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

### Online Enrollment

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

**Enroll Now**

#### Login & PIN

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

#### View Current Benefits

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

#### View/Add Dependents

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

#### Begin Elections

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



# Benefit Eligibility & Coverage

## Employee Coverage

### Eligibility

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

### New Employees

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

### Existing Employees

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

### Mid-year Benefit Changes

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

### Qualifying Life Events Include:

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

### Declining Coverage

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

# Section 125 Plans

## Section 125 Plan Information & Rules

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

### Here’s How It Works

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

### Is It Right For Me?

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

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

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

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

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

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


# Medical Premiums

Medical Monthly Premiums				
	Value HD	Basic HD	Standard	Enhanced
Employee Only	\$120	\$165	\$220	\$355
Employee + Spouse	\$1,165	\$1,320	\$1,375	\$1,450
Employee + Children	\$530	\$615	\$680	\$785
Employee + Family	\$1,255	\$1,500	\$1,590	\$2,040



# 2025-26 UBC Rate Sheet





### Wellness Benefits at No Extra Cost

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

### Additional Services

Patient Choice Program

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

International Pharmacy (LucyRx)

- Free or Low Cost Mail Order Prescriptions

Plan Summary	Value HD	Basic HD	Standard	Enhanced
	<ul style="list-style-type: none"><li>Lowest Premiums</li><li>Copays for Doctor visits before you meet deductible</li><li>Nationwide Network</li><li>No PCP referrals</li><li>Free Generic Drugs</li></ul>	<ul style="list-style-type: none"><li>Low Premiums</li><li>Nationwide Network</li><li>No PCP referrals</li><li>Free Preventative Generic Drugs</li><li>Compatible with a Health Savings Account (HSA)</li></ul>	<ul style="list-style-type: none"><li>Low Deductibles and Out-of-Pocket Maximums</li><li>Copays for doctor visits</li><li>Nationwide Network</li><li>No PCP referrals</li><li>Free Generic Drugs</li></ul>	<ul style="list-style-type: none"><li>Low Deductibles and Out-of-Pocket Maximums</li><li>Copays for doctor visits</li><li>Nationwide Network</li><li>No PCP referrals</li><li>Free Generic Drugs</li></ul>
	Monthly Premiums			
	Employee Only	\$120	\$165	\$220
	Employee & Spouse	\$1,165	\$1,320	\$1,375
Plan Features	Employee & Child(ren)	\$530	\$615	\$680
	Employee & Family	\$1,255	\$1,500	\$1,590
	Type of Coverage	In Network Only	In Network Only	In Network Only
	Individual / Family Deductible	\$6,000 / \$12,000	\$3,500 / \$7,000	\$2,750 / \$5,500
Doctor Visits	Coinsurance	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
	Primary Care	\$75 Copay (Limited to 2 per year w/Specialist)	30% after Deductible	\$40 Copay
	Specialist	\$100 Copay (Limited to 2 per year w/PCP)	30% after Deductible	\$75 Copay
Immediate Care	Recuro 24/7 Virtual Acute & Behavioral	\$0	\$0	\$0
	Urgent Care	30% after Deductible	30% after Deductible	\$50 Copay
	ER - Emergency Care	30% after Deductible	30% after Deductible	30% after Deductible
	ER - Non Emergency Care	Not Covered	Not Covered	Not Covered
Prescription Drugs	Recuro 24/7 Virtual Acute & Behavioral	\$0	\$0	\$0
	Drug Deductible	\$500 (Brand / Specialty ONLY)	Integrated with Medical	\$500 (Brand / Specialty ONLY)
	Generics (30 Day Supply/90 Day Supply)	\$0 Retail and Mail Order	\$0 after Deductible	\$0 Retail and Mail Order
	Preferred Brand	30% after Deductible	30% after Deductible	30% Retail / \$300 Mail Order
	Non-Preferred Brand	30% after Deductible	30% after Deductible	30% Retail / \$300 Mail Order
	Specialty	30% up to a Max of \$1,500	30% up to a Max of \$1,500	30% up to a max of \$1,500
	International Mail Order	\$0 Brand / Specialty (No Deductible)	\$0 Brand / Specialty (after Deductible)	\$0 Brand / Specialty (No Deductible)



# Employee Health Benefits 2025-26



## 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](mailto:help@UBC-Benefits.com)**

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



# 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
<ul style="list-style-type: none"><li>Employee</li></ul>	<ul style="list-style-type: none"><li>\$120</li></ul>
<ul style="list-style-type: none"><li>Employee + Spouse</li></ul>	<ul style="list-style-type: none"><li>\$1,165</li></ul>
<ul style="list-style-type: none"><li>Employee + Child(ren)</li></ul>	<ul style="list-style-type: none"><li>\$530</li></ul>
<ul style="list-style-type: none"><li>Employee + Family</li></ul>	<ul style="list-style-type: none"><li>\$1,255</li></ul>





# 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	30% up to a maximum of \$1,500 per script	
International Mail-Order	Brand and Specialty \$0, (no deductible)	

Refer to plan documents for limitations and additional information.

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

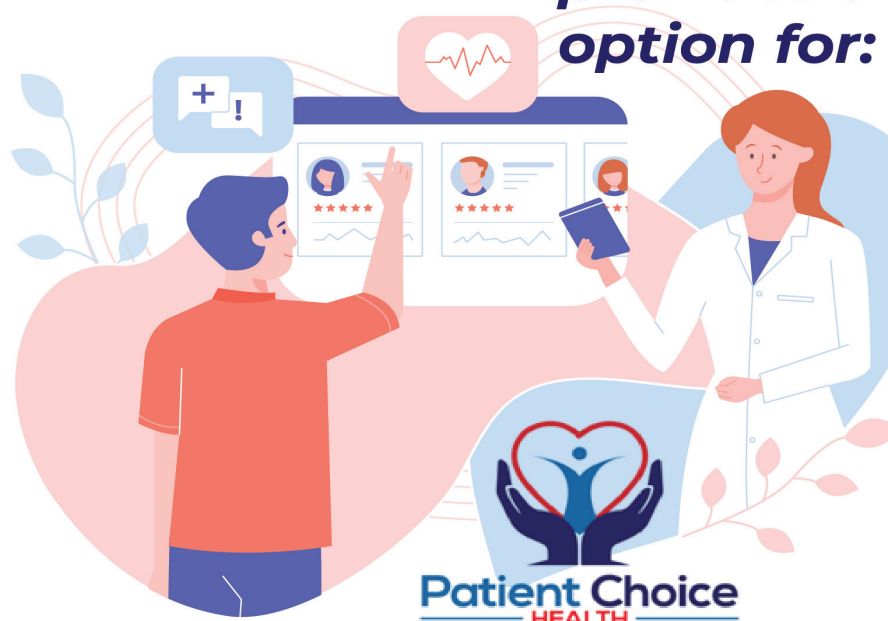
Refer to plan documents for limitations and additional information.

## Value - Medical Plan (continued)

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

\*Subject to Affordable Care Act requirements.

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



### *Outpatient surgeries, such as:*

- Shoulder Surgery
- Knee Surgery
- Hernia Surgery

### *Complex/major imaging.*

- MRI's
- CAT Scans
- PET Scans

### *Rehabilitation Therapies*

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

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

**Contact Us:**

**888.557.8550**

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



# Basic HD - Medical Plan

## Overview

The MVID 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"><li>Employee</li></ul>	<ul style="list-style-type: none"><li>\$165</li></ul>
<ul style="list-style-type: none"><li>Employee + Spouse</li></ul>	<ul style="list-style-type: none"><li>\$1,320</li></ul>
<ul style="list-style-type: none"><li>Employee + Child(ren)</li></ul>	<ul style="list-style-type: none"><li>\$615</li></ul>
<ul style="list-style-type: none"><li>Employee + Family</li></ul>	<ul style="list-style-type: none"><li>\$1,500</li></ul>



# Basic HD - Plan Quick-Reference

Refer to plan documents for limitations and additional information.

## Basic HD - Medical Plan

Feature	Your Network Costs	Your Out-of-Network Costs
Annual Deductible	\$3,500 individual/\$7,000 family	N/A
Coinsurance (after the annual deductible is met)	30% after deductible	N/A
Annual Out-of-Pocket Maximum	\$8,050 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 (Recuro)	\$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	30% up to a maximum of \$1,500 per script	
International Mail-Order	Brand and Specialty \$0, after deductible	

Refer to plan documents for limitations and additional information.

## Basic HD - Medical Plan (continued)

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

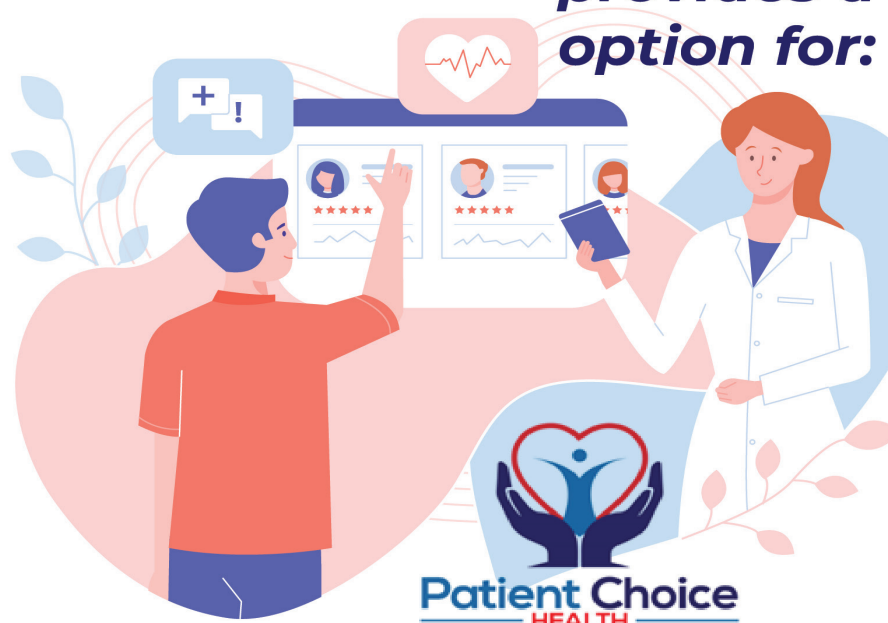
Refer to plan documents for limitations and additional information.

## Basic HD - Medical Plan (continued)

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

\*Subject to Affordable Care Act requirements.

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



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

- Shoulder Surgery
- Knee Surgery
- Hernia Surgery

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

- MRI's
- CAT Scans
- PET Scans

### **Rehabilitation Therapies**

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

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

**Contact Us:**

**888.557.8550**

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



# Standard - Medical Plan

## Overview

The 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"><li>Employee</li></ul>	<ul style="list-style-type: none"><li>\$220</li></ul>
<ul style="list-style-type: none"><li>Employee + Spouse</li></ul>	<ul style="list-style-type: none"><li>\$1,375</li></ul>
<ul style="list-style-type: none"><li>Employee + Child(ren)</li></ul>	<ul style="list-style-type: none"><li>\$680</li></ul>
<ul style="list-style-type: none"><li>Employee + Family</li></ul>	<ul style="list-style-type: none"><li>\$1,590</li></ul>





# Standard - Plan Quick-Reference

Refer to plan documents for limitations and additional information.

## Standard - Medical Plan

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

Refer to plan documents for limitations and additional information.

## Standard - Medical Plan (continued)

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

Refer to plan documents for limitations and additional information.

## Standard - Medical Plan (continued)

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

\*Subject to Affordable Care Act requirements.

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



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

- Shoulder Surgery
- Knee Surgery
- Hernia Surgery

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

- MRI's
- CAT Scans
- PET Scans

### **Rehabilitation Therapies**

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

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

**Contact Us:**

**888.557.8550**

**UBC@patientchoicehealth.com**

# 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
<ul style="list-style-type: none"><li>Employee</li></ul>	<ul style="list-style-type: none"><li>\$355</li></ul>
<ul style="list-style-type: none"><li>Employee + Spouse</li></ul>	<ul style="list-style-type: none"><li>\$1,450</li></ul>
<ul style="list-style-type: none"><li>Employee + Child(ren)</li></ul>	<ul style="list-style-type: none"><li>\$785</li></ul>
<ul style="list-style-type: none"><li>Employee + Family</li></ul>	<ul style="list-style-type: none"><li>\$2,040</li></ul>



# Enhanced - Plan Quick-Reference

Refer to plan documents for limitations and additional information.

## Enhanced - Medical Plan

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

\*Subject to Affordable Care Act requirements.



Refer to plan documents for limitations and additional information.

## Enhanced - Medical Plan (continued)

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

\*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional information.

## Enhanced - Medical Plan (continued)

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

\*Subject to Affordable Care Act requirements.

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

### Outpatient surgeries, such as:

- Shoulder Surgery
- Knee Surgery
- Hernia Surgery

### Complex/major imaging.

- MRI's
- CAT Scans
- PET Scans

### Rehabilitation Therapies

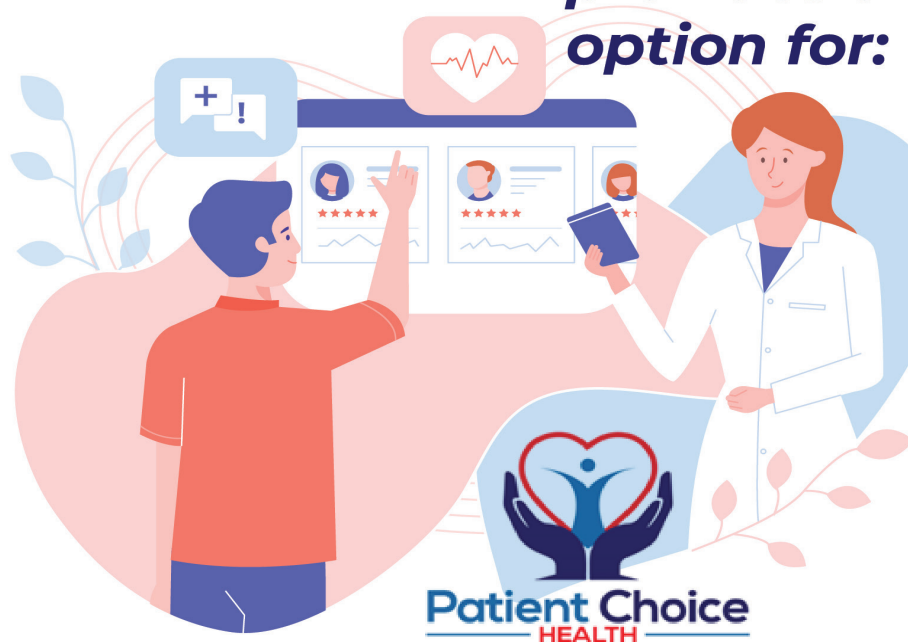
- Physical Therapy
- Occupational Therapy
- Cardiac Therapy
- Speech Therapy

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

**Contact Us:**

**888.557.8550**

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



# 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://mycigna.com) – your one-stop source for managing your health plan, anytime, just about anywhere. On [myCigna.com](https://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.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, Cigna Behavioral Health, Inc., and HMO or service company subsidiaries of Cigna Health Corporation, including Cigna HealthCare of Arizona, Inc., Cigna HealthCare of California, Inc., Cigna HealthCare of Colorado, Inc., Cigna HealthCare of Connecticut, Inc., Cigna HealthCare of Florida, Inc., Cigna HealthCare of Georgia, Inc., Cigna HealthCare of Illinois, Inc., Cigna HealthCare of Indiana, Inc., Cigna HealthCare of St. Louis, Inc., Cigna HealthCare of North Carolina, Inc., Cigna HealthCare of New Jersey, Inc., Cigna HealthCare of South Carolina, Inc., Cigna HealthCare of Tennessee, Inc. (CHC-TN), and Cigna HealthCare of Texas, Inc. Policy forms: Medical: OK-HP-APP-1 et al., OR-HP-POL3802-13, TN-HP-POL43/HC-CER1V1 et al. (CHLIC); GSA-COVER, et al. (CHC-TN). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

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# Welcome to LucyRx

We're glad you're here.

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

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







## Who We Are

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

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

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

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





# Getting Started with Your LucyRx Benefit

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

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



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



# Access Your Care, Anywhere

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



Track and refill prescriptions



Get refill reminders and alerts



Compare medication prices



Access your digital ID card



Locate in-network pharmacies



Check medication status or coverage



View your medication history

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



## How to Register for Your Digital Account

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

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

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



## We're Here When You Need Us

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

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

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

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



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





# 90-Day Convenience, Your Way

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

## Your Local Pharmacy

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

## Home Delivery

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

## Getting Started:



### Online:

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



### By phone:

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



# Specialty Medications Made Simple

**Some medicines are more complex.**

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

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

## **Personalized Support for Your Treatment**

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

Here's how it works:

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

1

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

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

**You can call anytime—or wait for us to reach out.**

**We'll walk you through what comes next.**

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

## 2

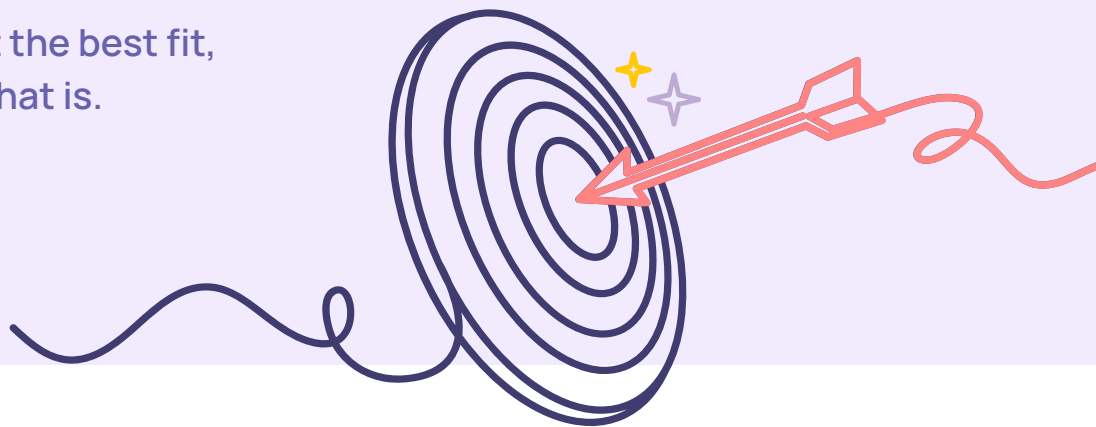
Most PBMs ship from large central pharmacies—often far from where care happens. LucyRx does things differently.

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

### This can mean:

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

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





# Specialty Medications Made Simple: Getting Help with Cost

3

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

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

**We may be able to:**

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

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



# Specialty Medications Made Simple: What Happens Next

4

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

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





## Support for Specialty Needs

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

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

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

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

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

### Filling a specialty prescription

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

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

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



# How LucyRx Helps You Save

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

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

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

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

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

**We help with copay discounts**

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

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

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

**We connect you to free medicine programs**

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

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



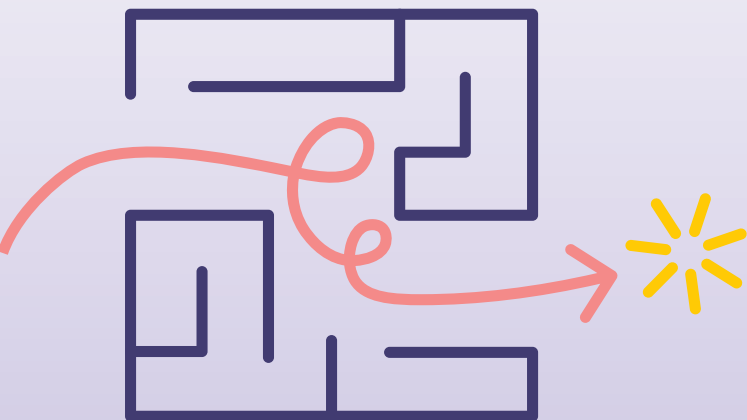


## We're With You All the Way

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

Need a hand? We've got you.

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



[www.lucyrx.com/members](http://www.lucyrx.com/members)

877-860-8846





# Virtual Urgent Care

## Getting Started

### INTRODUCTION

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

**Consult Fee: \$0**

### HOW TO ACCESS

01

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

02

Enter your employer member ID

03

Create your username and password

04

Complete your medical history

05

Schedule your consult

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



## Example Conditions Treated

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



[customerservice@recurohealth.com](mailto:customerservice@recurohealth.com) | [855.6RECURO](https://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"](https://member.recurohealth.com)

02

Enter your employer member ID

03

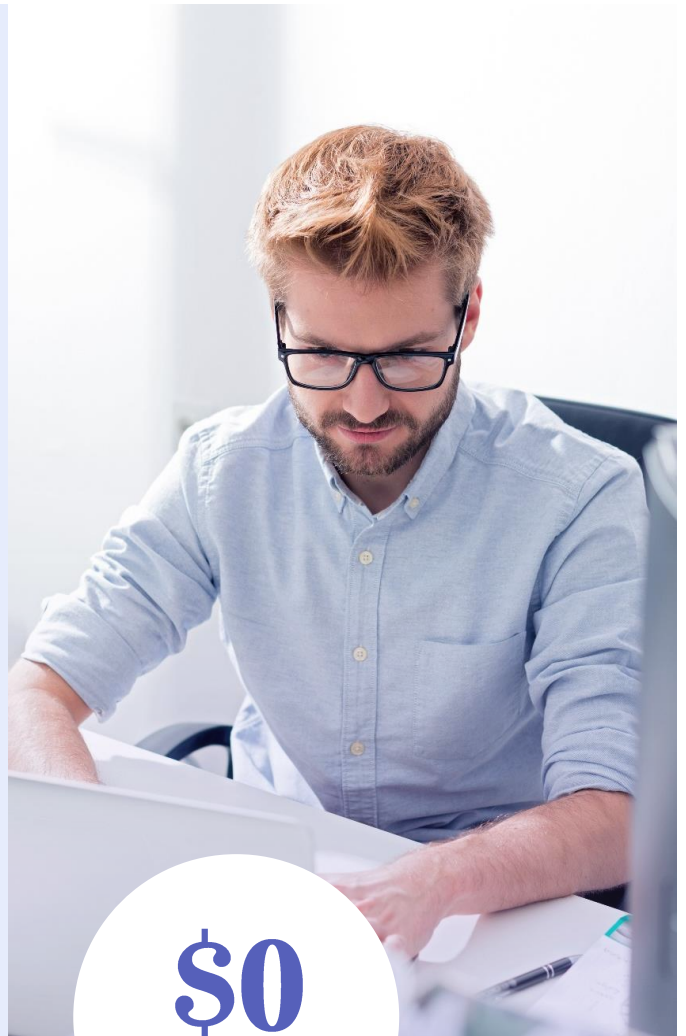
Create your username and password

04

Complete intake and wellness assessment

05

Schedule your consult



# \$0

Consults

## Example Conditions Treated

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



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



## Medical Plan Benefits Questions?



[ubc-benefits.com/mvisd-benefits](http://ubc-benefits.com/mvisd-benefits)  
(case sensitive)

[help@ubc-benefits.com](mailto:help@ubc-benefits.com)

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## Specific Medical Coverage Questions?



Allegiance Customer Service Line:  
(855) 999-6808

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## Questions About Prescription Cost and Coverage?

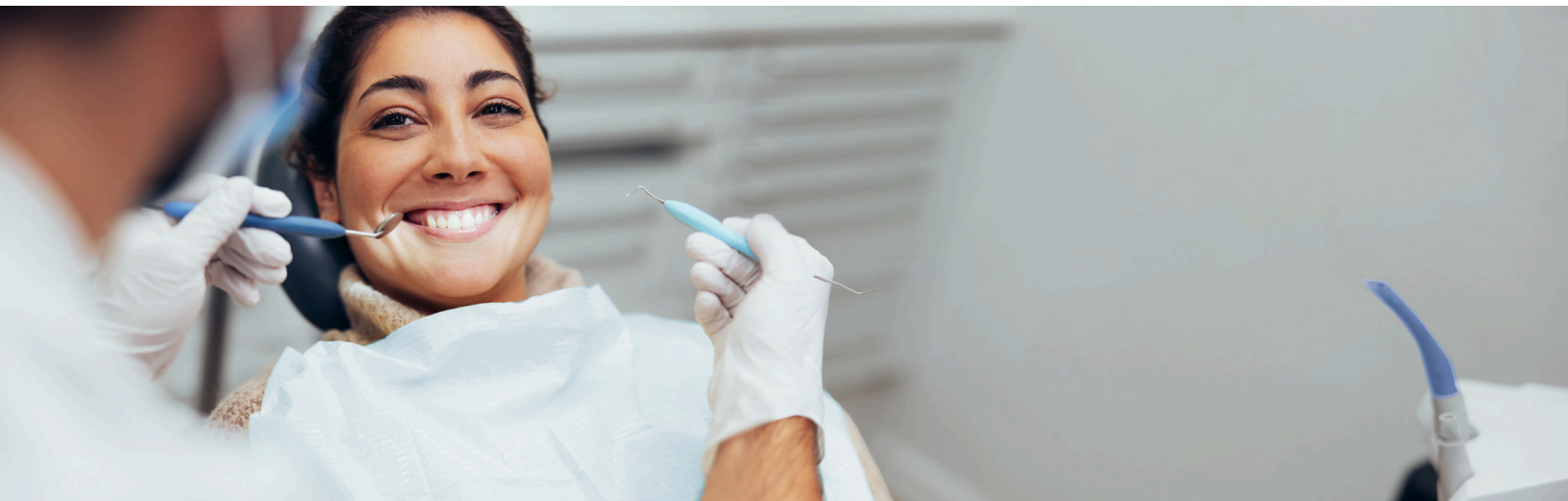


LucyRx Help Line  
(877) 860-8846



# Dental Insurance

## Plan Choices



Humana | [www.humana.com](http://www.humana.com) | 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 see which option is best for you and your family’s dental needs. A range of procedures may be covered, such as:

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

Dental Monthly Premiums		
	Preventive	Traditional
Employee Only	\$21.38	\$45.68
Employee + Spouse	\$42.44	\$92.16
Employee + Children	\$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	
<b>Deductible</b> (excludes orthodontia services)	Individual: \$50	Family: \$150	Individual: \$50	Family: \$150
Deductible applies to all services excluding preventive services.				
<b>Annual maximum</b> (excludes orthodontia services)	\$1,000			
<b>Preventive services</b> 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	
<b>Basic services</b> 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	50% after deductible		50% after deductible	
<b>Major services</b> 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.			



# 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
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### 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 <sup>1</sup>	Preventive	Basic	Major	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	Not available	Not available

<sup>1</sup> 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.



Services	In-network dentist		Out-of-network dentist INFS	
<b>Deductible</b> (excludes orthodontia services)	Individual: \$50	Family: \$150	Individual: \$50	Family: \$150
Deductible applies to all services excluding preventive services.				
<b>Annual maximum</b> (excludes orthodontia services)	\$1,000 + extended annual maximum (see section below)			
<b>Preventive services</b> <b>Routine oral examinations</b> (2 per year) <b>Bitewing x-rays</b> (2 films under age 10, up to 4 films ages 10 and older) <b>Panoramic x-rays</b> (1 per 5 years combined, Panorex and Full Mouth X-rays share the same frequency; ages 6+) <b>Routine cleanings</b> (2 per year) <b>Fluoride treatment</b> (1 per year, through age 14) <b>Sealants</b> (permanent molars, through age 14) <b>Space maintainers</b> (primary teeth, through age 14) <b>Oral Cancer Screening</b> (1 per year, ages 40 and older)	100% no deductible		100% no deductible	
<b>Basic services</b> <b>Emergency care for pain relief</b> <b>Amalgam fillings</b> (1 per tooth every 2 years, composite for anterior/front teeth) <b>Composite fillings</b> (1 per tooth every 2 years, molar teeth) <b>Oral surgery</b> (including extractions of impacted teeth) <b>General anesthesia</b> <sup>1</sup> <b>Stainless steel crowns</b> <b>Harmful habit appliances for children</b> (1 per lifetime, through age 14) <b>Periodontics</b> (periodontal cleanings 4 per year, scaling/root planing and surgery 1 per quadrant every 3 years) <b>Endodontics</b> (root canals 1 per tooth per lifetime and 1 re-treatment)	80% after deductible		80% after deductible	

<sup>1</sup> Only covered in conjunction with covered oral surgical procedures. Other restrictions may apply.



# Humana Dental Traditional Plus 14

TX Trad+ O1K INFS 100/80/50  
MEDINA VALLEY ISD

TEXAS

Services	In-network dentist	Out-of-network dentist INFS
<b>Major services</b> <b>Crowns</b> (1 per tooth every 5 years) <b>Inlays/onlays</b> (1 per tooth every 5 years) <b>Bridges</b> (1 every 5 years) <b>Dentures</b> (1 every 5 years) <b>Denture relines/rebases</b> (1 every 3 years, following 6 months of denture use) <b>Denture repair and adjustments</b> (following 6 months of denture use)	50% after deductible	50% after deductible
<b>Extended Annual Max</b> Additional coverage for preventive, basic, and major services after the annual maximum is met (excludes orthodontia)	30%	30%
<b>Orthodontia services</b>	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.	

If a member uses services rendered by providers with whom we have agreements, the fee or maximum allowable charge that we have negotiated with that provider will apply; if a member uses services rendered by a provider with whom we do not have agreements, coinsurance will apply to the maximum allowable charge. 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 <sup>2</sup>	Preventive	Basic	Major <sup>3</sup>	Orthodontia
Initial enrollment, open enrollment and timely add-on	No	No	No	No

<sup>2</sup> Late applicant enrollment will have the following waiting periods: 12 months basic & major services, 12 months orthodontia.  
<sup>3</sup> Waiting periods do not apply to endodontic or periodontic services unless a late applicant.



## 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!



## Humana Dental Traditional Plus 14

TX Trad+ O1K INFS 100/80/50

MEDINA VALLEY ISD

TEXAS

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.



# Vision Insurance

Humana | [www.humana.com](http://www.humana.com) | 800-487-5553

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

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

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

Vision Monthly Premium	
Employee Only	\$9.14
Employee + One	\$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* <sup>1</sup>	Up to \$39	Not covered
<b>Contact lens exam<sup>2</sup></b>		
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
<b>Frames<sup>3</sup></b>	\$160 allowance, 20% off balance over \$160	\$80 allowance
<b>Standard plastic lenses</b>		
Single vision	\$10	Up to \$25
Bifocal	\$10	Up to \$40
Trifocal	\$10	Up to \$60
Lenticular	\$10	Up to \$100
<b>Lens options<sup>4</sup></b>		
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)
<b>Contact lenses<sup>5</sup></b> (applies to materials only)		
Conventional	\$160 allowance, 15% off balance over \$160	\$128 allowance
Disposable	\$160 allowance	\$128 allowance
Medically necessary	\$0	\$210 allowance
<b>Frequency</b>		
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
<b>Diabetic eye care: Care and testing for diabetic members</b>		
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		

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

<sup>2</sup>Standard 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.

<sup>3</sup>Discounts may be available on all frames except when prohibited by the manufacturer.

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

<sup>5</sup>Plan 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](http://www.ffga.com)  
1.866.853.3539 P.O. Box 161968 | Altamonte Springs, FL 32716

## Medical FSA

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

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

### Medical FSA Highlights

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

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

## Dependent Care FSA

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

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

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

### Dependent Care FSA Highlights

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



# Health Savings Account

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

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

## Health Savings Account Highlights

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

## Who Can Participate in an HSA?

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

	2025	2026
HSA Contribution Limits	<ul style="list-style-type: none"><li>• Self: \$4,300</li><li>• Family: \$8,550</li></ul>	<ul style="list-style-type: none"><li>• Self Only: \$4,400</li><li>• Family: \$8,750</li></ul>
Health Insurance Deductible Limits	<ul style="list-style-type: none"><li>• Self Only: \$1,650</li><li>• Family: \$3,300</li></ul>	<ul style="list-style-type: none"><li>• Self Only: \$1,700</li><li>• Family: \$3,400</li></ul>
\$1,000 catch-up contributions (age 55 or older)		

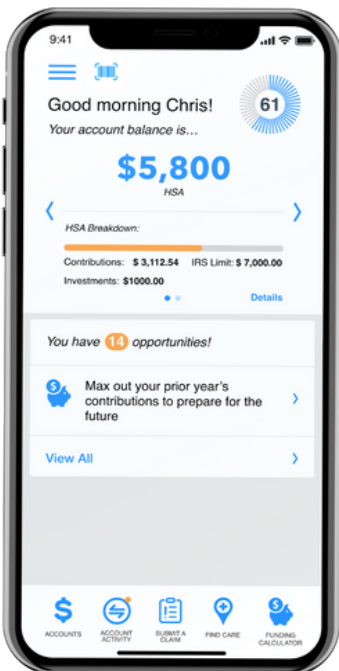
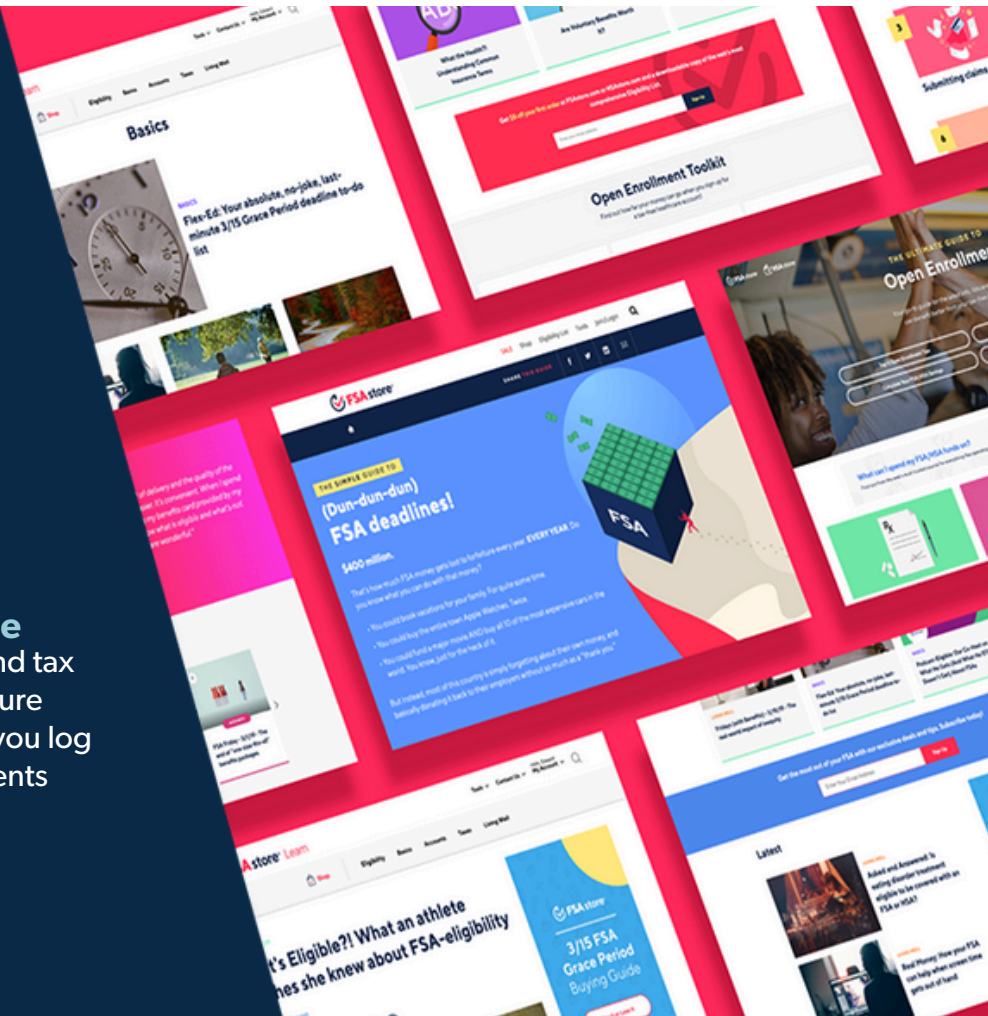
# FSA & HSA Resources

## Benefits Card

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

## View Your Account Details Online

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



## FF Mobile Account App

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

## FSA/HSA Store

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



# Term Life & AD&D

Reliance Standard | [www.reliancestandard.com](http://www.reliancestandard.com) | 800-351-7500

## Voluntary Term Life Insurance

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 one 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.

# Texas Life

## Permanent Life



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

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

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

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

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

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

Issue Age (ALB)	Semi-Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									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	CHILDREN AND GRANDCHILDREN (NON-TOBACCO) with Accidental Death Rider  Grandchild coverage available through age 18.				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	Issue Age	Premium		Guaranteed Period	90
65	20.05	48.43	95.73	143.03	190.33		\$25,000	\$50,000		90
66	21.20									90
67	22.47					15D-1	4.63	8.13	81	91
68	23.84					2-4	4.75	8.38	80	91
69	25.22									91
70	26.65					5-8	4.88	8.63	79	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
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									PERIOD
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	Age to Which Coverage is Guaranteed at Table Premium
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](http://www.americanfidelity.com) | 800-654-8489

## Why Do I Need Disability Insurance?

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

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

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





# 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<sup>2/3</sup>% 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.

# Benefit Riders and Limitations

## Hospital Indemnity Limited Benefit Rider

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

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

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



## Spousal Accident Only Disability Benefit Rider

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

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

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

## COBRA Funding Rider

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

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

Monthly Benefit Amount	Monthly Premium
\$300.00	\$4.50
\$400.00	\$6.00
\$500.00	\$7.50
\$600.00	\$9.00

## Critical Illness Benefit Rider

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

Benefits are payable at a one-time lump sum benefit amount based on diagnosis of the following conditions heart attack, stroke, kidney failure, paralysis, or major organ failure. In the case of heart attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

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

# Benefit Rider Limitations and Exclusions

## Hospital Indemnity Limited Benefit Rider

The Hospital Confinement Benefit will not be payable for an Injury or Sickness incurred in the first 12 months of coverage if the Injury or Sickness is caused by or resulting from a Pre-Existing Condition as defined in the policy. In addition to the exclusions listed in the policy, no benefits will be payable under this rider for any Hospital confinement that is caused by or resulting from mental illness or drug or alcohol abuse. Benefits are reduced by 50% at age 70. Successive Hospital stays will be considered as one confinement if they are separated by less than 90 days of confinement to a Hospital.

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

## Critical Illness Benefit Rider

The Critical Illness Benefit rider will not be payable for any loss caused by or resulting from: a Critical Illness when the date of diagnosis occurs during the waiting period; a Critical Illness diagnosed outside of the United States; or a Sickness or Injury not specifically defined in this Rider.

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

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

## COBRA Funding Benefit Rider

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

## Spousal Accident Only Disability Benefit Rider

This rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: intentionally self-inflicted Injury while sane or insane; an act of war, declared or undeclared; Injury sustained or contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this policy for any period during which your Spouse is entitled to Workers' Compensation benefits; participation in any sport for wage or profit; participation in any contest of speed in a power driven vehicle for wage or profit.

Spouse means the person you are lawfully married to who is less than age 70. Your spouse must be engaged in Full Time Employment for benefits to be payable. Full Time Employment means your spouse is employed an average of 25 or more hours per week for pay or benefits. Full Time Employment does not include any hours your spouse is working while self-employed. No benefits are payable for your Spouse under this rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from Spousal abuse.

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

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

## 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:  
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# Cancer Insurance

## Plan Options



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

Cancer Insurance		
Monthly Premium	Basic	Enhanced
Individual	\$15.80	\$24.26
Family	\$26.86	\$41.26





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

BENEFITS	BASIC	ENHANCED
<b>Dread Disease</b> Per day while hospital confined <b>Day 1-30</b> <b>Day 31+</b>	\$100 \$200	\$200 \$400
<b>Donor</b>	\$1,000/donation	
<b>Drugs and Medicine Inpatient</b> Per confinement <b>Outpatient</b> \$50 per prescription up to maximum shown per calendar month	\$50 \$50	\$100 \$50
<b>Attending Physician</b> While hospital confined, per day	\$50	\$50
<b>Transportation &amp; Lodging (Patient &amp; Family Member) Transportation</b> \$1,500 max per round trip, max 12 trips per calendar year <b>Lodging</b> Per day, up to 90 days per calendar year	Coach fare or \$.50/ mile by car \$50	Coach fare or \$.50/ mile by car \$50
<b>Ambulance Ground</b> Per trip, up to 2 per confinement <b>Air</b> Per trip, up to 2 per confinement	\$200 \$2,000	\$200 \$2,000
<b>Physical or Speech Therapy</b> Per visit, up to 4 per calendar month, lifetime max of \$1,000.	\$50	\$50
<b>Diagnostic and Prevention</b> One per calendar year	\$25	\$50
<b>Cancer Screening Follow-Up</b> One per calendar year	\$25	\$50
<b>Waiver of Premium</b> Employee only	After 90 days of continuous disability	
<b>Internal Cancer Diagnosis</b> One per covered person per lifetime, benefits reduce 50% at age 70	\$2,500	\$5,000
<b>Hospital Intensive Care Unit</b> Per day, up to 30 days per confinement; benefits reduced 50% at age 70 <b>Ambulance</b>	\$600 \$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.*

Marketed by:



Underwritten and administered by:



American Fidelity Assurance Company  
[americanfidelity.com](http://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.aflac.com](http://www.aflac.com) | 800-433-3036

## Prepare For the Unexpected

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

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

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





# Group Critical Illness Insurance

**PLAN INCLUDES BENEFITS FOR CANCER AND HEALTH SCREENING**

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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
  - Coronary Artery Bypass Surgery
  - Non-Invasive Cancer
  - Skin Cancer
  - Severe Burn
  - Coma
  - Paralysis
  - Loss of Sight / Hearing / Speech
- Health Screening Benefit

**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:**

<b>Aflac Group Critical Illness</b> coverage is selected.	Aflac Group Critical Illness pays an Initial Diagnosis Benefit of:  <b>\$10,000</b>
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:

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

### INITIAL DIAGNOSIS

We will pay a lump sum benefit upon initial diagnosis of a covered critical illness when such diagnoses 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><b>TIER I SPECIFIED DISEASE BENEFIT</b></p> <p>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>	25%
<p><b>TIER II SPECIFIED DISEASE BENEFIT</b></p> <p>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.aetna.com](http://www.aetna.com) | 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





# Covering your bases

## Aetna Accident Plan

### Be prepared for the unexpected

Accidents are just that — accidents. You can't plan for them. But, you can protect yourself financially as much as possible.

### What is the Accident Plan?

The Aetna Accident Plan pays benefits when you get treatment for an accidental injury. The plan pays for a long list of covered minor and serious injuries. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

### How is this different from a major medical plan?

Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that might come with an accidental injury.

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

### How can you use the cash benefits?

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

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

...or anything else **you** choose.

### Easy to use

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

**The Aetna Accident Plan is underwritten by Aetna Life Insurance Company (Aetna).**

## “What ifs” are everywhere

The average cost of all non-fatal injuries per person initially treated in an emergency department was approximately **\$6,620<sup>1</sup>**. Home accidents injure **one person every four seconds** in the U.S.<sup>2</sup>



### Because you never know

Miguel\* didn't expect to get rear-ended in the middle of rush hour on his drive home. But it happened, and now his back and his car need some work.

Luckily, he had the Aetna Accident Plan. He submitted his claim online and his benefits were deposited directly into his bank account.

He used some of the money to pay out-of-pocket medical costs. The rest went towards getting his car back into shape.

## A Simplified Claims Experience™

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

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



<sup>1</sup>Average medical cost of fatal and non-fatal injuries by type in the USA. National Library of Medicine. February 27, 2021. Available at: <https://pubmed.ncbi.nlm.nih.gov/31888976/>. Accessed June 17, 2022.

<sup>2</sup>About Home Safety. U.S. Department of Housing and Urban Development. 2022. Available at: [https://www.hud.gov/program\\_offices/healthy\\_homes/healthyhomes/homesafety](https://www.hud.gov/program_offices/healthy_homes/healthyhomes/homesafety). Accessed June 17, 2022.

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

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

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

**Policy forms issued in Oklahoma include:** GR-96841, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01

**Policy forms issued in Missouri include:** GR-96842 01, AL HPOL-VOL Acc 01, AL HCOC-VOL Acc 01.





# 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](http://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
<b>Ambulance</b>	
<b>Ground ambulance</b> 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.	\$300
<b>Air ambulance</b> 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>	\$1,500  1

Covered Benefit	Benefit Amounts
<b>Initial Treatment</b>	
<b>Emergency room/Hospital</b> 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.	\$300
<b>Physician's office/Urgent care facility</b> 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.	\$300
<b>Walk-in clinic/Telemedicine</b> <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>	\$50 1 3
<b>X-ray/Lab</b> 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.	\$75
<b>Medical imaging</b> 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.	\$200



## Follow-up Care

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

# Hospital Care

Covered Benefit	Benefit Amounts
<b>Hospital stay – admission (initial day)</b>	
<b>Non-ICU admission</b> 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.	\$1,500
<b>ICU admission</b> 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.	\$3,000
<b>Hospital stay – daily*</b>	
<b>Non-ICU daily</b> Pays a benefit if an insured person has a stay in a hospital due to an accidental injury.	\$300
<b>ICU daily</b> 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.	\$600
<b>Step down intensive care unit daily</b> <i>Maximum days per accident (combined for all stays due to the same accident)</i>	\$600 365
<b>Rehabilitation unit stay – daily</b> 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. <i>Maximum days per accident</i>	\$350 30
<b>Observation unit</b> 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.	\$100

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

# Surgical Care

Covered Benefit	Benefit Amounts
<b>Blood/Plasma/Platelets</b>	\$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	
<b>Eye Injury</b>	
<b>Surgical repair</b>	\$400
<b>Removal of foreign object</b>	\$300
<b>Surgery (without repair)</b>	
<b>Arthroscopic or exploratory</b>	\$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.	
<b>Surgery (with repair)</b>	
<b>Cranial, open abdominal or thoracic</b>	\$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.	
<b>Hernia</b>	\$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.	
<b>Ruptured disc</b>	\$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.	
<b>Tendon/Ligament/Rotator cuff</b>	
<b>Single repair</b>	\$1,000
<b>Multiple repairs</b>	\$2,000
<b>Torn knee cartilage</b>	\$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.	
<b>Non-Specified</b>	
<b>Inpatient</b>	\$300
<b>Outpatient</b>	\$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
<b>Lodging</b>	\$200
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>	30
<b>Transportation</b>	\$500
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.	

## Dislocations and Fractures

Covered Benefit	Benefit Amounts
<b>Dislocations – Closed Reduction*</b>	
Hip	\$6,000
Knee	\$3,000
Ankle – bone or bones of the foot (other than toes)	\$1,500
Collarbone (sternoclavicular)	\$1,200
Lower jaw	\$1,200
Shoulder (glenohumeral)	\$1,200
Elbow	\$1,200
Wrist	\$1,200
Bone or bones of the hand (other than fingers)	\$1,200
Collarbone (acromioclavicular and separation)	\$300
Rib	\$300
One toe or one finger	\$300
Partial dislocation	25%
<i>Maximum dislocations per accident</i>	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
<b>Accidental death</b>	
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
<b>Accidental death common carrier</b>	
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
<b>Accidental dismemberment</b>	
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
<b>Home and vehicle alteration</b>	\$2,500
<b>Paralysis (complete, total and permanent loss)</b>	
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
<b>Animal bite treatment</b>	
Tetanus shot	\$100
Anti-venom shot	\$200
Rabies shot	\$300
<b>Brain injury</b>	
Concussion/Mild traumatic brain injury	\$200
Moderate/Severe traumatic brain injury	\$600
<b>Burn</b>	
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
<b>Burn skin graft</b>	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.	
<b>Coma/Persistent vegetative state (PVS)</b>	
Coma (non-induced)	\$20,000
PVS	\$20,000
Coma (induced)	\$250
<i>Maximum days per accident</i>	10
<b>Dental treatment</b>	
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
<b>Gunshot wound</b>	\$2,000
<b>Laceration</b>	
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
<b>Posttraumatic stress disorder (PTSD)</b>	\$500
<i>Maximum diagnoses per lifetime</i>	1
<b>Service dog</b>	\$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 <sup>th</sup> 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	
<ul style="list-style-type: none"><li>• Accidental death</li><li>• Accidental death common carrier</li><li>• Animal bite</li><li>• Burn</li></ul>	<ul style="list-style-type: none"><li>• Burn skin graft</li><li>• Gunshot wound</li><li>• Service Dog</li></ul>

# Health Screening Rider

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

## \*Covered Health Screenings

<ul style="list-style-type: none"> <li>• Bone marrow screening</li> <li>• Bone mass density measurement (DEXA, DXA)</li> <li>• Biopsies for cancer</li> <li>• Blood chemistry panel</li> <li>• Breast sonogram</li> <li>• Cancer antigen 125 blood test for ovarian cancer (CA 125)</li> <li>• Carotid doppler ultrasound</li> <li>• Chest x-ray (CXR)</li> <li>• Cytologic screening</li> <li>• Cancer antigen 15-3 blood test for breast cancer (CA 15-3)</li> <li>• Carcinoembryonic antigen blood test for colon cancer (CEA)</li> <li>• Clinical testicular exam</li> <li>• Colonoscopy</li> <li>• Complete blood count (CBC)</li> <li>• Dental exam</li> <li>• Digital rectal exam (DRE)</li> <li>• Doppler screening for cancer</li> <li>• Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)</li> <li>• Electroencephalogram (EEG)</li> <li>• Electrocardiogram (EKG, ECG)</li> <li>• Echocardiogram (ECHO)</li> <li>• Endoscopy</li> <li>• Eye exam</li> <li>• Fasting blood glucose test</li> <li>• Fasting plasma glucose test</li> </ul>	<ul style="list-style-type: none"> <li>• Flexible sigmoidoscopy</li> <li>• Hearing test</li> <li>• Hemocult stool analysis</li> <li>• Hemoglobin A1C</li> <li>• Human papillomavirus vaccination (HPV)</li> <li>• Immunizations</li> <li>• Lipoprotein profile (serum plus HDL, LDL, total cholesterol, and triglycerides)</li> <li>• Mammography</li> <li>• Oral cancer screening</li> <li>• Pap smear</li> <li>• Prostate specific antigen (PSA) test</li> <li>• Routine health check-up exam</li> <li>• Skin cancer biopsy</li> <li>• Skin cancer screening</li> <li>• Skin exam</li> <li>• Serum protein electrophoresis (blood test for myeloma)</li> <li>• Successful completion of smoking cessation program</li> <li>• Stress test on bicycle or treadmill</li> <li>• Test for sexually transmitted infections (STIs)</li> <li>• Thermography</li> <li>• ThinPrep pap test</li> <li>• Two-hour post-load plasma glucose test</li> <li>• Ultrasound for cancer detection</li> <li>• Ultrasound screening for abdominal aortic aneurysms</li> <li>• Virtual colonoscopy</li> </ul>
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**Note: COVID-19 testing is covered as an eligible health screening benefit**

## Accident Plan: Exclusions and Limitations

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

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

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

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

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

## Portability

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



## 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](http://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





# Medical Transport

MASA | [www.masamts.com](http://www.masamts.com) | 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.





## EMERGENCY TRANSPORTATION COSTS

MASA MTS is here to protect its members and their families from the shortcomings of health insurance coverage by providing them with comprehensive financial protection for lifesaving emergency transportation services, both at home and away from home.

Many American employers and employees believe that their health insurance policies cover most, if not all ambulance expenses. The truth is, they DO NOT!

Even after insurance payments for emergency transportation, you could receive a bill up to \$5,000 for ground ambulance and as high as \$70,000 for air ambulance. The financial burdens for medical transportation costs are very real.



## HOW MASA IS DIFFERENT

Across the US there are thousands of ground ambulance providers and hundreds of air ambulance carriers. ONLY MASA offers comprehensive coverage since MASA is a PAYER and not a PROVIDER!

**ONLY MASA provides** over 1.6 million members with coverage for **BOTH ground ambulance and air ambulance transport, REGARDLESS** of which provider transports them.

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

Additionally, MASA provides a repatriation benefit: if a member is hospitalized more than 100 miles from home, MASA can arrange and pay to have them transported to a hospital closer to their place of residence.



**Any Ground. Any Air.  
Anywhere.™**

## OUR BENEFITS

Benefit *	Platinum \$39/Month	Emergent Plus \$14/Month	Emergent Ground \$9/Month
Emergent Ground Transportation	U.S./Canada	U.S./Canada	U.S./Canada
Emergent Air Transportation	U.S./Canada	U.S./Canada	
Non-Emergent Air Transportation	Worldwide	U.S./Canada	
Repatriation	Worldwide	U.S./Canada	
Escort Transportation	Worldwide		
Mortal Remains Transportation	Worldwide		
Visitor Transportation	BCA*		
Minor Children/Grandchildren Return	BCA*		
Vehicle Return	BCA*		
Pet Return	BCA*		
Organ Retrieval	U.S./Canada		
Organ Recipient Transportation	U.S./Canada		

\* Please refer to the MSA for a detailed explanation of benefits and eligibility.

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



A MASA Membership prepares you for the unexpected and gives you the peace of mind to access vital emergency medical transportation no matter where you live, for a minimal monthly fee.

- One low fee for the entire family
- NO deductibles
- NO health questions
- Easy claim process

**For more information, please contact  
Your BayBridge rep.**

**EVERY FAMILY DESERVES A MASA MEMBERSHIP**

# 403(b) Retirement Plans

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) |  
800-523-8422, option 2 | [retirement@ffga.com](mailto:retirement@ffga.com)

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

## How a 403(b) Works

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

## Benefits

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

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

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



# Hospital Indemnity Insurance

Aflac | [www.aflac.com](http://www.aflac.com) | 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

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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:

<b>Aflac Group Hospital Indemnity</b> coverage is selected.	Aflac Group Hospital Indemnity High plan 1 pays:  <b>\$4,800</b>
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.	
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><b>HOSPITAL ADMISSION BENEFIT per confinement</b> (once per covered sickness or accident per calendar year for each insured)</p> <p>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><b>HOSPITAL CONFINEMENT per day</b> (maximum of 10 days per confinement for each covered sickness or accident for each insured)</p> <p>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><b>HOSPITAL INTENSIVE CARE BENEFIT per day</b> (maximum of 10 days per confinement for each covered sickness or accident for each insured)</p> <p>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><b>This benefit is payable in addition to the Hospital Confinement Benefit.</b></p>	\$800	\$400
<p><b>SUCCESSOR INSURED BENEFIT</b></p> <p>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.</p>		

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.



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**

# COBRA

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

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

## COBRA Highlights

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

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

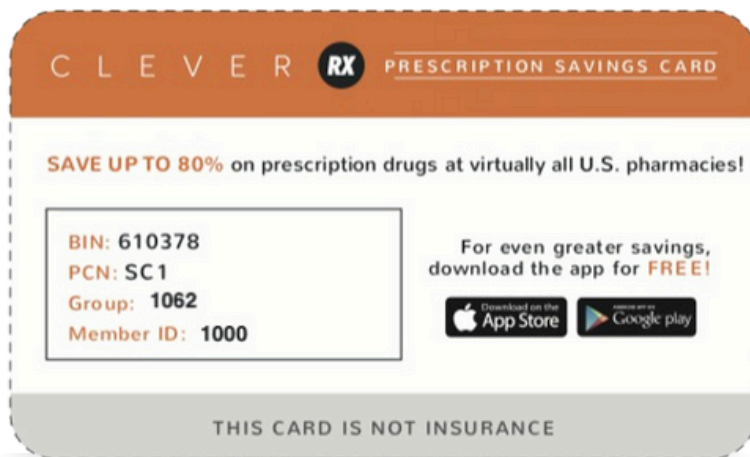


# Clever RX

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

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

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



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

## Clever RX Highlights

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

# Contact Information

Product	Carrier	Website	Phone
Medical	Cigna	<a href="http://www.cigna.com">www.cigna.com</a>	800-997-1624
Dental	Huaman	<a href="http://www.humana.com">www.humana.com</a>	800-233-4013
Vision	Humana	<a href="http://www.humana.com">www.humana.com</a>	800-487-5553
FSA & HSA	First Financial	<a href="http://www.ffga.com">www.ffga.com</a>	866-853-3539
Term Life	Reliance Standard	<a href="http://www.reliancestandard.com">www.reliancestandard.com</a>	800--351-7500
Permanent Life	Texas Life	<a href="http://www.texaslife.com">www.texaslife.com</a>	800-283-9233
Disability	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800-654-8489
Cancer	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800-943-2231
Critical Illness	Aflac	<a href="http://www.aflac.com">www.aflac.com</a>	800-433-3036
Accident	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	800-607-3366
Hospital Indemnity	Aflac	<a href="http://www.aflac.com">www.aflac.com</a>	800-433-3036
Medical Transport	MASA	<a href="http://www.masamts.com">www.masamts.com</a>	800-643-9023