

Sheldon ISD

2024 - 2025 Plan Year
September 1, 2024 – August 31, 2025

BENEFITS GUIDE



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

WHAT'S NEW & CHANGING

CHANGES FOR 2024-2025

- Increase in Dental and Vision Rates
- Higher annual max for Dental services. From \$1,500 to \$2,000

WHAT'S NEW

❖ New Employee Assistance Plan

- Now available through The Standard
- Connection to Resources, Support and Guidance
- Includes 6 counseling sessions which can be done in person, video or by phone



EMPLOYEE BENEFITS CENTER

YOUR ONE-STOP SHOP FOR BENEFIT INFORMATION

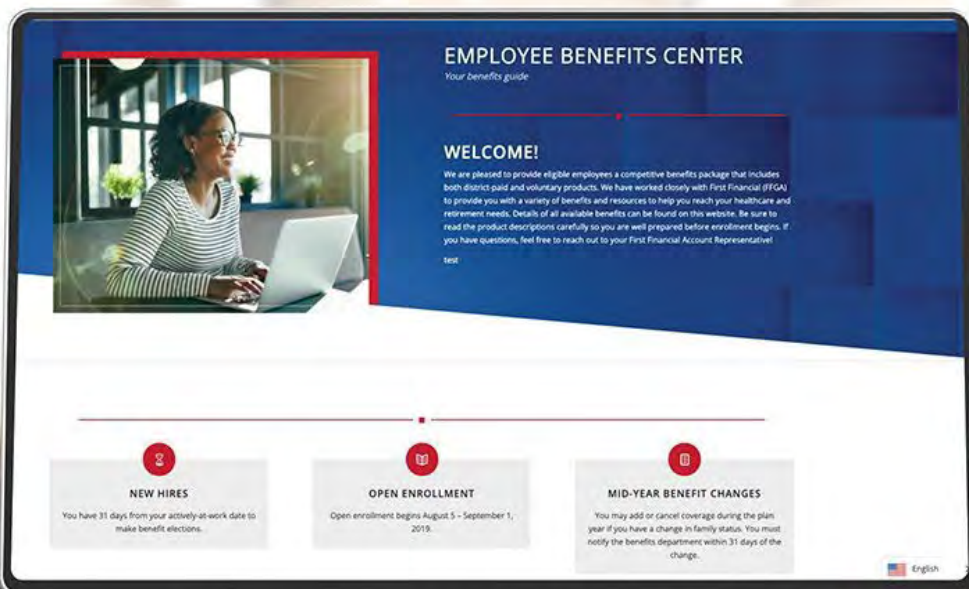
Sheldon ISD and First Financial are excited to provide you with a custom website filled with information about your benefits. Visit the site or scan the QR code below with your phone to see current benefit options, enrollment information, claims information, and important phone numbers.

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



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

Home | Benefit Plans & Premiums | **How To Enroll** | Contacts | Check My HSA/FSA



HOW TO ENROLL

ON-SITE ENROLLMENT

When it's time to enroll in your benefits, your First Financial Account Representative will be on-site to assist you with making your elections. View the on-site enrollment schedule below and at ffbenefits.ffga.com/sheldonisd

ONLINE ENROLLMENT

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

LOGIN

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

VIEW CURRENT BENEFITS

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

VIEW/ADD DEPENDENTS

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

BEGIN ELECTIONS

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

ELIGIBILITY

ELIGIBILITY

Eligible employees must be actively at work on the plan effective date (9/1) for new benefits to be effective.

NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections. Your New Hire Enrollment elections will be made by contacting your First Financial benefits representative, Valerie Clinkscales at 281-272-7618 or emailing Valerie.Clinkscales@ffga.com.

EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial 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.*

ffbenefits.ffga.com/sheldonisd

MID-YEAR BENEFIT CHANGES

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

benefits@sheldonisd.com

QUALIFYING LIFE EVENTS INCLUDE:

Marriage	Divorce	Annulment
Death of a Spouse	Birth	Adoption
Legal Separation	Death of a Dependent Child	Loss of Health Coverage

DECLINING COVERAGE

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

Know your options

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

Take your time. Study your options.

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

FREQUENTLY ASKED QUESTIONS

WHAT IS GUARANTEE ISSUE (GI)?

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

WHAT IS A "PRE-EXISTING CONDITION"?

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

WHAT IS A DEDUCTIBLE?

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

WHAT IS A CO-PAY OR CO-INSURANCE?

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

WHAT DOES OUT-OF-POCKET MAXIMUM MEAN?

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

WHAT DOES EOB MEAN?

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

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

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

SECTION 125 PLANS

SECTION 125 PLAN INFORMATION AND RULES

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

HERE'S HOW IT WORKS

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

IS IT RIGHT FOR ME?

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

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

IRS specified changes in family status include:

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

SECTION 125 PLAN SAMPLE PAYCHECK		
	WITHOUT S125	WITH S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Taxable Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267

YOU COULD SAVE \$70 PER MONTH IN TAXES BY PAYING FOR YOUR BENEFITS ON A PRE-TAX BASIS!

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

MEDICAL

Blue Cross Blue Shield | <http://www.bcbstx.com/trsactivecare> | 1.866.355.5999

TRS ACTIVECARE

The district's medical plans are offered through TRS. There are four medical plans to choose from. In and out-of-network options, comprehensive prescription drug coverage and special health and wellness programs. TRS-ActiveCare has been designed to flexibly meet the needs of nearly half a million public education employees.

ACTIVECARE PRIMARY

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

- Lower premium
- Copays for doctor visits before you meet deductible
- Statewide network
- PCP referrals required to see specialists
- Not compatible with health savings account (HSA)
- Compatible with flexible spending account (FSA)
- No out-of-network coverage

ACTIVECARE HD

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

- Lower premium
- Compatible with health savings account (HSA)
- Nationwide network with out-of-network coverage
- No requirement for PCPs or referrals
- Must meet deductible before plan pays for non-preventive care

ACTIVECARE PRIMARY+ (Primary Plus)

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

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

ACTIVECARE 2

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

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

MEDICAL

TRS-ACTIVECARE PLAN PRESCRIPTION BENEFITS

Express Scripts | <https://www.express-scripts.com/trsactivecare> | 1.844.367.6108

When you enroll in BCBSTX Plan, you automatically receive prescription drug coverage through Express Scripts which gives you access to a large, national network of retail pharmacies.

WORKING COUPLES

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

If you have not received your cards, please call or log-into the BCBS website starting 9/1 to create an account and print temporary cards or request new ones.

HOW TO LOCATE YOUR PCP:

Visit bcbstx.com/trsactivecare

Click "Doctors and Hospitals"

Select the desired medical plan

Enter your city/zip code

Select search criteria

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

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



2024-25 TRS-ActiveCare Plan Highlights Sept. 1, 2024 – Aug. 31, 2025



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

How to Calculate Your Monthly Premium

- ➔ Total Monthly Premium
- ➔ Your Employer Contribution
- ➔ Your Premium

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

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

Monthly Premiums	TRS-ActiveCare Primary		TRS-ActiveCare Primary+		TRS-ActiveCare HD	
	Total Premium	Employer Contribution	Total Premium	Employer Contribution	Total Premium	Employer Contribution
Employee Only	\$471	\$411	\$553	\$411	\$494	\$411
Employee and Spouse	\$1,272	\$411	\$1,438	\$411	\$1,307	\$411
Employee and Children	\$801	\$411	\$941	\$411	\$823	\$411
Employee and Family	\$1,602	\$411	\$1,191	\$411	\$1,646	\$411

Monthly Premiums	TRS-ActiveCare 2	
	Total Premium	Employer Contribution
Employee Only	\$1,013	-
Employee and Spouse	\$2,402	-
Employee and Children	\$1,507	-
Employee and Family	\$2,941	-

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

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

Being healthy is easy with:

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

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

Plan Features	In-Network Coverage Only		Out-of-Network	
	Type of Coverage	Employer Contribution	Type of Coverage	Employer Contribution
Individual/Family Deductible	In-Network Coverage Only	\$2,500/\$5,000	In-Network Coverage Only	\$1,200/\$2,400
Coinsurance	In-Network Coverage Only	You pay 30% after deductible	In-Network Coverage Only	You pay 20% after deductible
Individual/Family Maximum Out of Pocket	In-Network Coverage Only	\$8,050/\$16,100	In-Network Coverage Only	\$6,900/\$13,800
Network	In-Network Coverage Only	Statewide Network	In-Network Coverage Only	Statewide Network
POP Required	In-Network Coverage Only	Yes	In-Network Coverage Only	Yes

Plan Features	Out-of-Network	
	Type of Coverage	Employer Contribution
Individual/Family Deductible	Out-of-Network	\$6,400/\$12,800
Coinsurance	Out-of-Network	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	Out-of-Network	\$20,250/\$40,500
Network	Out-of-Network	Nationwide Network
POP Required	Out-of-Network	No

Doctor Visits	In-Network Coverage Only		Out-of-Network	
	Type of Coverage	Employer Contribution	Type of Coverage	Employer Contribution
Primary Care	In-Network Coverage Only	\$30 copay	In-Network Coverage Only	\$15 copay
Specialist	In-Network Coverage Only	\$70 copay	In-Network Coverage Only	\$70 copay

Doctor Visits	Out-of-Network	
	Type of Coverage	Employer Contribution
Primary Care	Out-of-Network	You pay 30% after deductible
Specialist	Out-of-Network	You pay 50% after deductible

Immediate Care	In-Network Coverage Only		Out-of-Network	
	Type of Coverage	Employer Contribution	Type of Coverage	Employer Contribution
Urgent Care	In-Network Coverage Only	\$50 copay	In-Network Coverage Only	\$50 copay
Emergency Care	In-Network Coverage Only	You pay 30% after deductible	In-Network Coverage Only	You pay 20% after deductible
TRS Virtual Health-RediMD™	In-Network Coverage Only	\$0 per medical consultation	In-Network Coverage Only	\$0 per medical consultation
TRS Virtual Health-Teladoc®	In-Network Coverage Only	\$12 per medical consultation	In-Network Coverage Only	\$12 per medical consultation

Immediate Care	Out-of-Network	
	Type of Coverage	Employer Contribution
Urgent Care	Out-of-Network	You pay 50% after deductible
Emergency Care	Out-of-Network	You pay 30% after deductible
TRS Virtual Health-RediMD™	Out-of-Network	\$30 per medical consultation
TRS Virtual Health-Teladoc®	Out-of-Network	\$42 per medical consultation

Prescription Drugs	In-Network Coverage Only		Out-of-Network	
	Type of Coverage	Employer Contribution	Type of Coverage	Employer Contribution
Drug Deductible	In-Network Coverage Only	Integrated with medical	In-Network Coverage Only	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	In-Network Coverage Only	\$15/\$45 copay; \$0 copay for certain generics	In-Network Coverage Only	\$200 deductible per participant (brand drugs only) \$15/\$45 copay
Preferred	In-Network Coverage Only	You pay 30% after deductible	In-Network Coverage Only	You pay 25% after deductible
Non-preferred	In-Network Coverage Only	You pay 50% after deductible	In-Network Coverage Only	You pay 50% after deductible
Specialty (31-Day Max)	In-Network Coverage Only	\$0 if SaveOnSP eligible; You pay 30% after deductible	In-Network Coverage Only	\$0 if SaveOnSP eligible; You pay 30% after deductible
Insulin Out-of-Pocket Costs	In-Network Coverage Only	\$25 copay for 31-day supply; \$75 for 61-90 day supply	In-Network Coverage Only	\$25 copay for 31-day supply; \$75 for 61-90 day supply

Prescription Drugs	Out-of-Network	
	Type of Coverage	Employer Contribution
Drug Deductible	Out-of-Network	Integrated with medical
Generics (31-Day Supply/90-Day Supply)	Out-of-Network	You pay 20% after deductible; \$0 coinsurance for certain generics
Preferred	Out-of-Network	You pay 25% after deductible
Non-preferred	Out-of-Network	You pay 50% after deductible
Specialty (31-Day Max)	Out-of-Network	You pay 20% after deductible
Insulin Out-of-Pocket Costs	Out-of-Network	You pay 25% after deductible

Primary Plans & Mental Health

- Both Primary and Primary+ offer \$0 virtual mental health visits with any in-network provider.

Compare Prices for Common Medical Services

REMEMBER:

Call a Personal Health Guide 24/7 to help you find the best price for a medical service.
Reach them at **1-866-355-5999**.

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

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

DENTAL INSURANCE

Ameritas | www.ameritas.com | 1.800.487.5553

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

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

DENTAL INSURANCE		
SEMI-MONTHLY PREMIUMS	LOW	HIGH
EMPLOYEE ONLY	\$10.90	\$23.06
EMPLOYEE + SPOUSE	\$22.80	\$48.32
EMPLOYEE + CHILD(REN)	\$25.02	\$51.24
EMPLOYEE + FAMILY	\$36.94	\$75.88

Search Tips:

Locate a provider at: ameritas.com

Or contact Ameritas by calling 1-800-487-5553

Note:

You Do Not need a physical card to utilize your dental benefits.

To print a card, login or create an account at ameritas.com



Dental Summary

Proposed Effective Date: 9/1/2024

	Low Plan	High Plan
Plan Benefit		
Type 1	100%	100%
Type 2	80%	80%
Type 3	50%	50%
Deductible	\$100/Calendar Year Waived Type 1 No Family Maximum	\$50/Calendar Year Waived Type 1 No Family Maximum
Maximum (per person)	\$1,000/Calendar Year	\$2,000/Calendar Year
PPO	A New Choice® Plus	Passive PPO
Allowance		
Type 1	Discounted Fee	90th U&C
Type 2	Discounted Fee	90th U&C
Type 3	Discounted Fee	90th U&C
Waiting Period	None	None
Annual Open Enrollment	Included	Included

Orthodontia Summary

Allowance All Plan Designs: In Network, discounted fee. Out of Network, U&C.		
Plan Benefit	50%	50%
Coverage for Adults	No	Yes
Lifetime Maximum (per person)	\$750	\$1,000
Waiting Period	None	None

Monthly Rates

Employee (EE)	\$21.80	\$46.12
EE + Spouse	\$45.60	\$96.64
EE + Children	\$50.04	\$102.48
EE + Spouse & Children	\$73.88	\$151.76

Rates are guaranteed for 12 months following the effective date listed above and include Orthodontia if part of plan design.
Rates include: home address mailing.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase.

Employee Participation Requirements

Eligible Employees: 1,077

Minimum 60% of eligible lives Voluntary	Minimum 60% of eligible lives Voluntary
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	Low Plan	High Plan
Plan Design Summary	100/80/50 \$100/Calendar Year Waived Type 1 No Family Maximum \$1,000	100/80/50 \$50/Calendar Year Waived Type 1 No Family Maximum \$2,000
Type 1 Procedure (Frequency)	<ul style="list-style-type: none"> • Routine Exam (2 in 12 months) • Bitewing X-rays (1 in 12 months) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (2 in 12 months) • Fluoride for Children 13 and under (1 in 12 months) • Sealants (age 13 and under) • Space Maintainers 	<ul style="list-style-type: none"> • Routine Exam (2 in 12 months) • Bitewing X-rays (1 in 12 months) • Full Mouth/Panoramic X-rays (1 in 5 years) • Periapical X-rays • Cleaning (2 in 12 months) • Fluoride for Children 13 and under (1 in 12 months) • Sealants (age 13 and under) • Space Maintainers
Type 2 Procedure (Frequency)	<ul style="list-style-type: none"> • Fillings for Cavities • Restorative Composites (anterior and posterior teeth) • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Simple Extractions • Anesthesia 	<ul style="list-style-type: none"> • Fillings for Cavities • Restorative Composites (anterior and posterior teeth) • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Simple Extractions • Anesthesia
Type 3 Procedure (Frequency)	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 7 years per tooth) • Crown Repair • Denture Repair • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 7 years) • Complex Extractions 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 7 years per tooth) • Crown Repair • Denture Repair • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 7 years) • Complex Extractions

Ameritas Dental Network

- The Ameritas Dental Network is one of the nation's largest. Contracted network providers have agreed to charge 25-50% less than their regular rates which helps benefit dollars go further.
- Members can visit any dentist, in- or out-of-network. And family members do not need to visit the same provider. Members can even visit dental providers in Mexico and still receive coverage.

Passive MAC

- Lower rates are achieved in part by limiting what is paid per procedure on non-network claims to the same amount that contracted providers have agreed to charge (called the Maximum Allowable Charge, or MAC).
- Members who use a contracted provider are guaranteed their dental fees will be at or under MAC limits.
- MAC may vary based on dental office ZIP Code and are reviewed annually.

Flex 6 - Flat Maximum

- Lets plan members pay for their dental plan with pretax dollars.
- Allows groups with low participation to enroll in a dental plan with guaranteed coinsurance, deductible and maximums.

Rx Savings - Extra value for Ameritas plan members

- It's no secret that prescription medications can be one of the biggest - and most important - health care expenditures a person, family or organization faces. Not to mention, when a person requires long-term maintenance medications, it can become a serious budgeting issue.
- Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, this no-cost Rx discount could save significant dollars. Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the Rx discount, whichever saves more.
- Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.
- To receive the Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account. That's where they can access and print an online-only Rx discount savings ID card.
- Also, when choosing eServices, your benefits administrator will have access to the online-only Rx discount savings ID card to assist members without Internet access.

Eyewear Savings at Walmart Vision Centers

- Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart.
- This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium.
- To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.
- Also, when choosing eServices, your benefits administrator will have access to the Ameritas Eyewear Savings Card to assist members without Internet access.

Hearing Savings

With your Ameritas plan, you can receive hearing aid discounts through Great Hearing Benefits at their 4,500+ hearing care locations nationwide. Call 877-683-9495 for your free hearing consultation today. This savings arrangement is not insurance. It is available to members at no additional cost to their plan premium.

Highlights include: hearing exam for only \$50 (saves you \$100 off the industry average of \$150), up to 50% off retail pricing on today's top hearing technology, plus a satisfaction guarantee and warranty service. Visit greatearingbenefits.com/ameritas to learn more.

Dental Cost Estimator

Members can use our dental cost estimator at any time to find average procedure charges in their area. The estimates do not include network discounts or plan benefits. Find the dental cost estimator at ameritas.com/applications/group/estimator.

After coverage begins, members can view average in-network charges in their secure member account. Members also may ask their dentist's office to submit a pretreatment estimate so they can see exactly how a proposed service would be covered and avoid any surprises. The pretreatment estimate is based on their plan benefits.

Eye Exam, Lenses, Frames, Frequencies

Proposed Effective Date: 9/1/2024

	Plan 1: Focus® High Vision Plan \$0/25	
	VSP Choice Network + Affiliates	Out of Network
Annual Eye Exam	Covered in full	Up to \$45
Lenses (per pair)		
Single Vision	Covered in full	Up to \$30
Bifocal	Covered in full	Up to \$50
Trifocal	Covered in full	Up to \$65
Lenticular	Covered in full	Up to \$100
Progressive	See lens options	NA
Frame Allowance	\$180**	Up to \$70
Frequencies		
Exam/Lens/Frames	12/12/12 Based on date of service	12/12/12 Based on date of service

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

Deductible, Maximum

Deductibles		
	\$0 Exam \$25 Eye Glass Lenses or Frames*	\$0 Exam \$25 Eye Glass Lenses or Frames
Maximum per benefit period	None	None

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

Contact Lenses

Fit & Follow Up Exams	Member cost up to \$60	No benefit
Contacts		
Elective	Up to \$180	Up to \$145
Medically Necessary	Covered in full	Up to \$210

Monthly Rates

Employee (EE)	\$10.20
EE + Spouse	\$17.40
EE + Children	\$17.92
EE + Spouse & Children	\$27.40

Rates are guaranteed for 12 months following the effective date listed above.

Rates include: home address mailing.

PLEASE NOTE: Rates assume enrollment in our electronic certificate (eCert) program. If you choose to receive paper certificates, monthly rates will increase.

Employee Participation Requirements

Eligible Employees: 1,077

	The greater of 50% or 3 lives Voluntary
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Lens Options (member cost)*

	Plan 1: Focus® High Vision Plan \$0/25	
	VSP Choice Network + Affiliates (Other than Costco)	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Bifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Bifocal allowance.
Std. Polycarbonate Scratch Resistant Coating	Covered in full for dependent children \$33 adults \$17-\$33	No benefit No benefit
Anti-Reflective Coating	\$43-\$85	No benefit
Ultraviolet Coating	\$16	No benefit

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

Additional Focus® Choice Network Features (In Network)

Contact Lenses Elective	Allowance can be applied to disposables, but the dollar amount must be used all at once (provider will order 3 or 6 month supply). Applies when contacts are chosen in lieu of glasses. For plans without a separate contact fitting & evaluation (which includes follow up contact lens exams), the cost of the fitting and evaluation is deducted from the allowance.
Lens Options (Member Cost)*	\$15 - Solid Plastic Dye (Except Pink I & II) \$17 - Plastic Gradient Dye \$31-\$82 - Photochromatic Lenses (Glass & Plastic) Lens Option member cost vary by prescription and option chosen.
Additional Glasses	20% off additional complete pairs of prescription glasses and/or prescription sunglasses.*
Frame Discount	VSP offers 20% off any amount above the retail allowance.*
Laser VisionCareSM	VSP offers an average discount of 15% off or 5% off a promotional offer for LASIK Custom LASIK and PRK. The maximum out-of-pocket per eye for members is \$1,800 for LASIK and \$2,300 for custom LASIK using Wavefront technology, and \$1,500 for PRK. In order to receive the benefit, a VSP provider must coordinate the procedure.
Low Vision	With prior authorization, 75% of approved amount (up to \$1,000 is covered every two years).

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

Ameritas Focus® Eye Care

VSP Network

VSP has the largest network of independent doctors nationwide. Retailers include Costco Optical, Sam's Club, Visionworks and Walmart. See the network providers in your area at vsp.com.

Online In-Network Options

Eyeconic.com is VSP's in-network online eyewear store. Vision benefits are applied directly to the online order.

VSP Benefits are Easy to Use

- Members create an account at vsp.com to review their vision benefits.
- At their appointment, members tell the office they have VSP coverage. No ID card is needed. For reference, an ID card can be printed from their member account.
- There are no claim forms to complete when seeing a VSP network provider.

VSP savings

VSP provider discounts include 20% off the remaining frame balance, additional prescription glasses, and non-covered lens options.

Discounts also are available on LASIK or PRK laser vision correction procedures.

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

Rx Savings - Extra value for Ameritas plan members

- It's no secret that prescription medications can be one of the biggest - and most important - health care expenditures a person, family or organization faces. Not to mention, when a person requires long-term maintenance medications, it can become a serious budgeting issue.
- Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance.
- If your organization offers its associates health care pharmacy benefits, this no-cost Rx discount could save significant dollars. Participating pharmacies will give Ameritas plan members their normal health care pharmacy benefit, or the Rx discount, whichever saves more.
- Members can receive up to 65% savings on generic prescriptions, and overall average savings of 40% across brand name and generic prescription combined.
- To receive the Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account. That's where they can access and print an online-only Rx discount savings ID card.
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Highlights include: hearing exam for only \$50 (saves you \$100 off the industry average of \$150), up to 50% off retail pricing on today's top hearing technology, plus a satisfaction guarantee and warranty service. Visit greatearingbenefits.com/ameritas to learn more.

Covered Expenses will not include, and no benefits will be payable for expenses incurred:

All Plans

- for any procedure except exams, cleaning, and fluoride applications for the first 12 months when an employee or dependent becomes classified as a late entrant. An employee or dependent who does not enroll within 31 days from the date the person qualifies for the insurance, or who elects to become covered again after canceling a premium contribution agreement, will be classified as a late entrant.
- for any treatment which is for cosmetic purposes, except as specifically listed in the Table of Dental Procedures.
- to replace any prosthetic appliance, crown, inlay or onlay restoration, or fixed partial denture within seven years of the date of the last placement of these items. However, if a replacement is required because of an accidental bodily injury sustained while the person is covered, it will be a Covered Expense.
- for initial placement of any dental prosthesis or prosthetic crown unless such placement is needed because of the extraction of one or more teeth while the plan member is covered under the dental expense benefit. The extraction of a third molar (wisdom tooth) will not qualify under the above. Any such dental prosthesis or prosthetic crown must include the replacement of the extracted tooth or teeth.
- for any procedure begun before the plan member was covered under the dental expense benefit.
- for any procedure begun after the member's insurance under the dental expense benefit terminates; or for any prosthetic dental appliances installed or delivered more than 90 days after the member's insurance under the dental expense benefit terminates.
- to replace lost or stolen appliances.
- for appliances, restorations, or procedures to:
 - alter vertical dimension;
 - restore or maintain occlusion;
 - splint or replace tooth structure lost because of abrasion or attrition
- for any procedure which is not shown on the Table of Dental Procedures.
- for orthodontic treatment (unless otherwise specified in this contract.)
- for which the plan member is entitled to benefits under any workmen's compensation or similar law, or charges for services or supplies received as a result of any dental condition caused or contributed to by an injury or sickness arising out of or in the course of any employment for wage or profit.
- for charges for which the plan member is not liable or which would not have been made had no insurance been in force.
- for services which are not required for necessary care and treatment or are not within the generally accepted parameters of care.
- because of war or any act of war, declared or not.
- in any quarter of a Program if the member was not covered under the orthodontic expense benefits for the entire quarter.
- after the member's insurance under the orthodontic expense benefits terminates.

Limitations for Plan(s) 1

- for a Program which was begun on or after the member's 19th birthday.

VISION INSURANCE

Ameritas | www.ameritas.com | 1.800.487.5553

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

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

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

VISION INSURANCE	
SEMI-MONTHLY PREMIUMS	
EMPLOYEE ONLY	\$5.10
EMPLOYEE + SPOUSE	\$8.70
EMPLOYEE + CHILD(REN)	\$8.96
EMPLOYEE + FAMILY	\$13.70

Search Tips:

Locate a VSP provider at: ameritas.com
View plan benefit information at: www.vsp.com
Or contact Ameritas by calling 1-800-487-5553

Note:

You do Not need a physical card to utilize your vision benefits.
To print a card, login or create an account at ameritas.com



FLEXIBLE SPENDING ACCOUNTS

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

MEDICAL FSA

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

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

HIGHLIGHTS

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

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

DEPENDENT CARE FSA

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

You may allocate up to \$5,000 per tax year for reimbursement of dependent care services.
If you are married and file a separate tax return, the limit is \$2,500.

HIGHLIGHTS

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

FSA RESOURCES

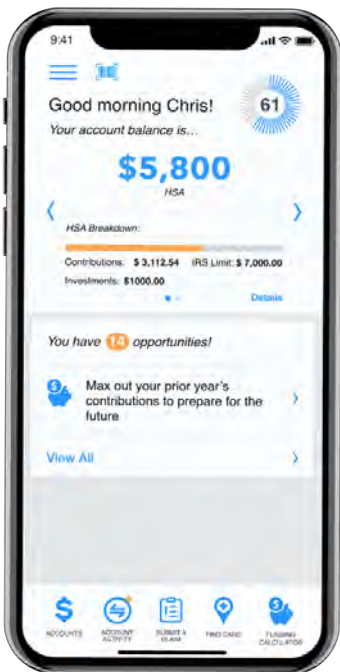
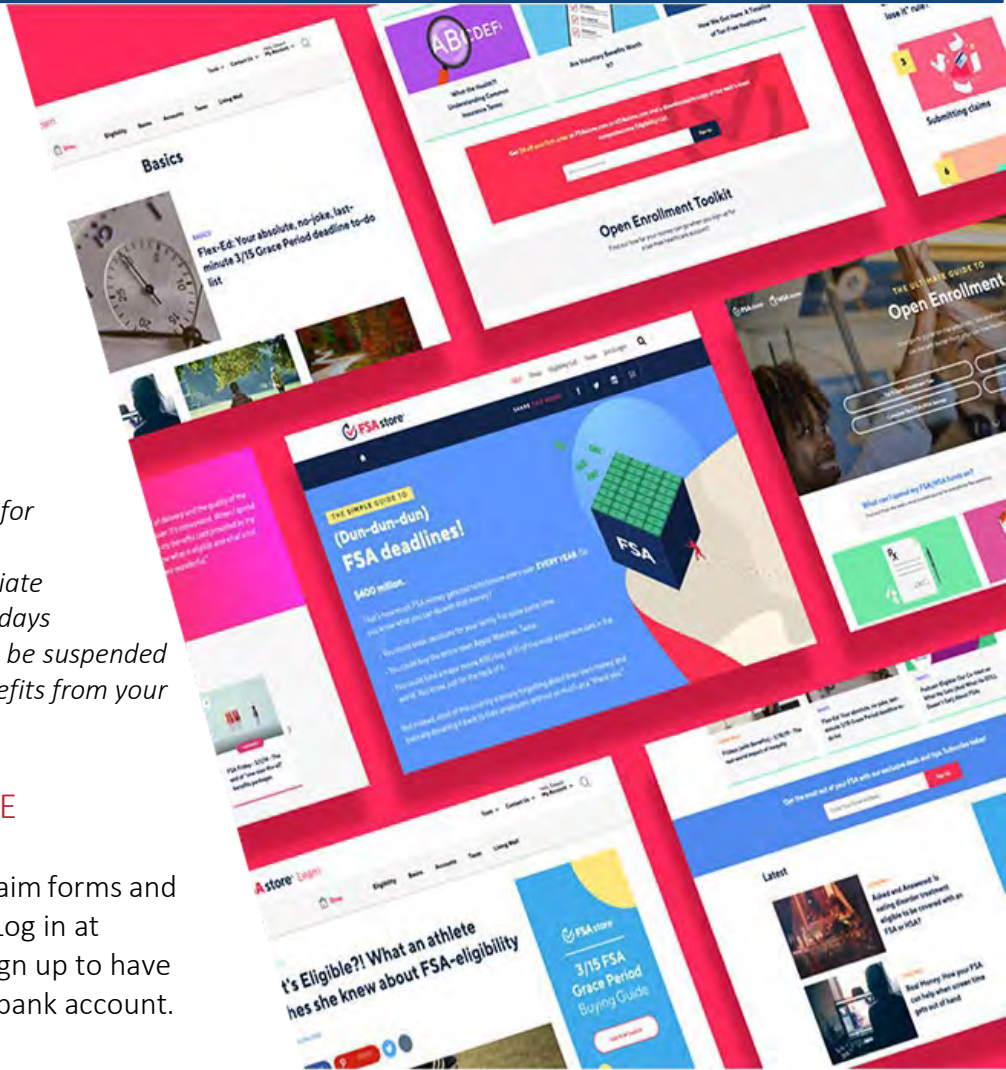
BENEFITS CARD

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

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

VIEW YOUR ACCOUNT DETAILS ONLINE

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



FF MOBILE ACCOUNT APP

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android™ devices on either the App StoreSM or Google Play StoreTM. View the FF Mobile Account App [User Guide](#) and [Quick Reference Guide](#).

FSA STORE

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



HEALTH SAVINGS ACCOUNTS

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

HEALTH SAVINGS ACCOUNTS

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

Your maximum contribution amounts for 2024 are \$4,150 for self only coverage or \$8,300 for families.

HIGHLIGHTS

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

WHO CAN PARTICIPATE IN AN HSA?

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

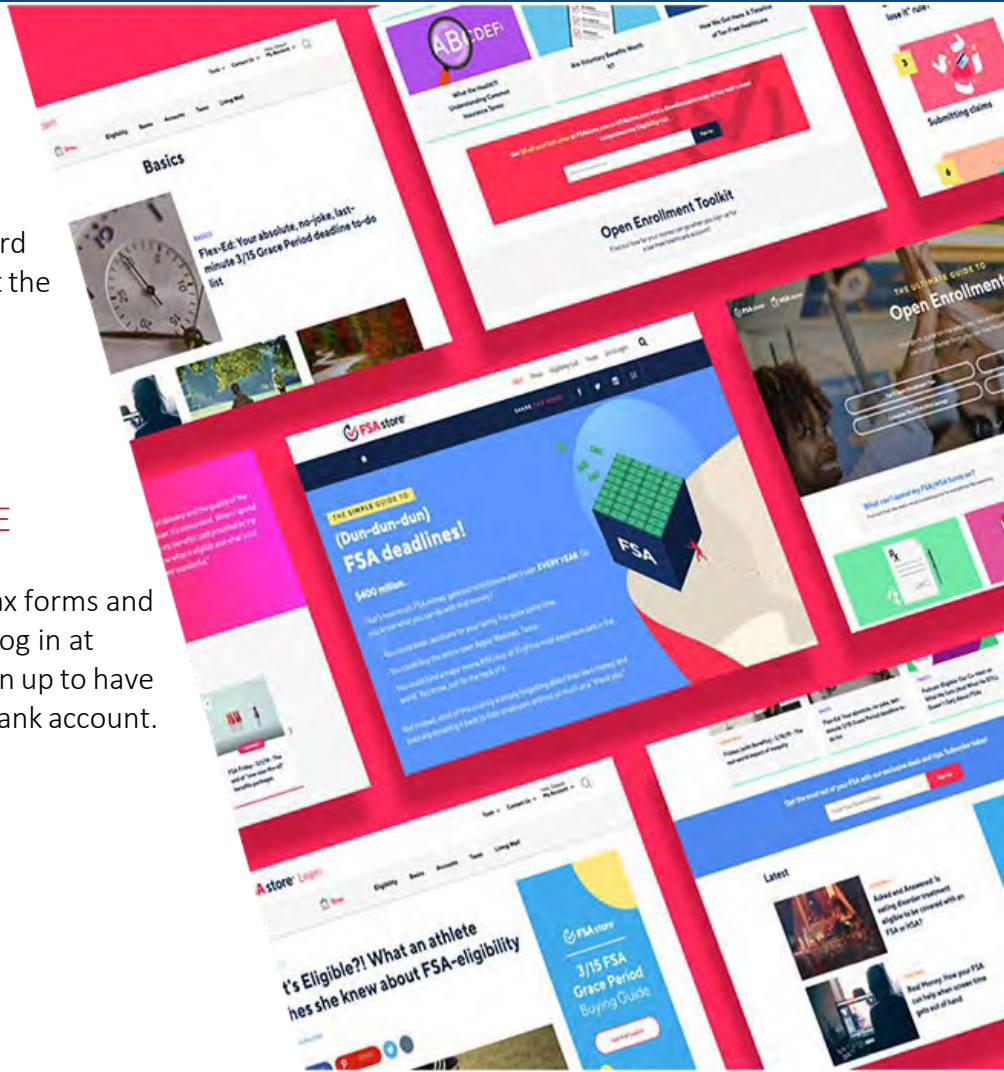
HSA RESOURCES

BENEFITS CARD

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

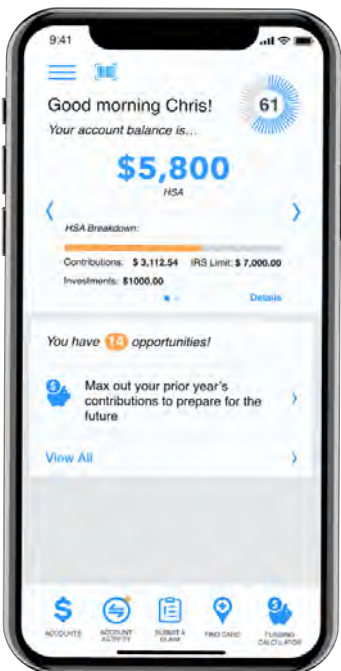
VIEW YOUR ACCOUNT DETAILS ONLINE

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



FF MOBILE ACCOUNT APP

With the FF Mobile Account App, you can submit claims, view account balance and history, check claims status, view alerts, upload receipts and documentation and more! The FF Mobile Account App is available for Apple® and Android™ devices on either the App StoreSM or Google Play StoreTM. View the FF Mobile Account App [User Guide](#) and [Quick Reference Guide](#).



HSA STORE

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



TERM LIFE INSURANCE

The Standard | www.standard.com | 1.866.851.2429

EMPLOYER-PAID TERM LIFE

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees with a benefit of \$10,000. The cost of this policy is paid for 100% by your employer. This is a term life policy that is only in effect while you are a district employee. This policy does not continue after retirement or if you leave the district.

VOLUNTARY TERM LIFE INSURANCE

Group life insurance allows you to purchase affordable life insurance on yourself, spouse, and dependent children. This is term insurance, available if you are employed by the district. Employees enrolling in the coverage after the first 31 days of their employment will be subject to insurability and must complete a health questionnaire prior to coverage being issued. All basic, optional, and dependent spouse insurance reduces to 65% at age 65, 50% at age 70, and 35% at age 75. This policy does not continue after retirement or if you leave the district.

TEXAS LIFE – PERMANENT LIFE

Texas Life | www.texaslife.com | 1.800.283.9233

TEXAS LIFE INSURANCE - PERMANENT, PORTABLE LIFE INSURANCE

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

HIGHLIGHTS

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



Group Additional Life Insurance

Help protect your loved ones from financial hardship.

This coverage is designed to help provide financial support and stability to your family should you pass away. You can also cover your eligible spouse and child(ren). Life insurance is an easy, responsible way to help protect your family from financial hardship during a difficult time – and into the future.



This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you become terminally ill or die
- A special Guarantee Issue enrollment opportunity this year. See Open Enrollment section for additional details.

🔗 About This Coverage

If you take no action you'll be covered under Basic Life insurance provided you meet the eligibility requirements. Consider whether that would be enough to help your family meet daily expenses, maintain their standard of living, pay off debt and fund your children's education. If not, you may want to apply for additional coverage now.

<p>How Much Can I Apply For?</p> <p>Your combined Basic Life and Additional Life amounts cannot exceed a maximum of 8 times your annual earnings. The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage. The coverage amount for your child(ren) cannot exceed 100 percent of your Additional Life coverage.</p>	<p>For You: \$10,000 – \$500,000 in increments of \$10,000</p> <p>For Your Spouse: \$5,000 – \$250,000 in increments of \$5,000</p> <p>For Your Child(ren): \$1,000 – \$10,000 in increments of \$1,000</p>
<p>What is the Guarantee Issue Maximum?</p> <p>Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.</p> <p>To apply for an amount over the guarantee issue, visit https://myeoi.standard.com/760840 to complete and submit a medical history statement online.</p>	<p>For You: Up to \$100,000</p> <p>For Your Spouse: Up to \$50,000</p>

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

☰ Open Enrollment

During Open Enrollment From May 6, 2024 Through May 26, 2024

For You. If you are currently enrolled in Additional Life insurance for an amount less than \$100,000, you may elect to increase your coverage up to, but not to exceed, the guarantee issue amount of \$100,000 without having to answer health questions. If you are not currently enrolled in Additional Life insurance, you may elect up to \$100,000 without having to answer health questions.

For Your Spouse. If your spouse is currently enrolled in Dependent Life insurance for an amount less than \$50,000, you may elect to increase coverage up to, but not to exceed, the guarantee issue amount of \$50,000 without having to answer health questions. If your spouse is not currently enrolled in Dependent Life insurance, you may elect up to \$50,000 without having to answer health questions.

For Your Child(ren). If your child(ren) is/are currently enrolled in Dependent Life insurance for an amount less than \$10,000, you may elect to increase coverage up to the maximum amount of \$10,000 without having to answer health questions. If your child(ren) is/are not currently enrolled in Dependent Life insurance, you may elect coverage up to the maximum amount of \$10,000 without having to answer health questions.

If you or your spouse choose to apply for an amount over the guarantee issue amount, visit <https://myeoi.standard.com/760840> to complete and submit a medical history statement online.

☰ Additional Feature

Accelerated Death Benefit

If you become terminally ill, you may be eligible to receive up to 80 percent of your combined Basic and Additional Life benefit to a maximum of \$500,000.

How Much Life Insurance Do You Need?

After a death in the family, there are many unexpected expenses. Your benefits could help your family pay for:

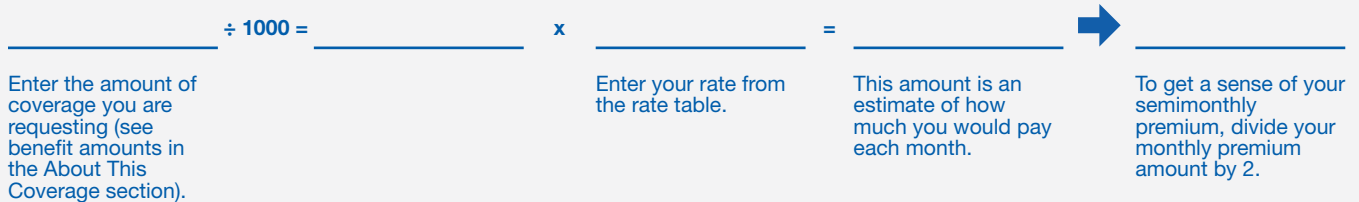
- Outstanding debt
- Burial expenses
- Medical bills
- Your children's education
- Daily expenses

To estimate your insurance needs, you'll need to consider your unique circumstances. Use our online calculator at www.standard.com/life/needs.

How Much Your Coverage Costs

Your Basic Life insurance is paid for by Sheldon Independent School District. If you choose to purchase Additional Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors, such as your age and the benefit amount.

Use this formula to calculate your premium payment:



If you buy coverage for your spouse, your monthly rate is shown in the table below. Use the same formula to calculate the premium that you used for yourself, but use your age and your spouse's rate.

If you buy Dependent Life coverage for your child(ren), your monthly rate is \$0.10 per \$1,000, no matter how many children you're covering.

Age (as of September 1)	Your Rate (Per \$1,000 of Total Coverage)	Your Spouse's Rate (Per \$1,000 of Total Coverage)
<25	\$0.08	\$0.08
25–29	\$0.09	\$0.09
30–34	\$0.11	\$0.11
35–39	\$0.13	\$0.13
40–44	\$0.18	\$0.18
45–49	\$0.28	\$0.28
50–54	\$0.44	\$0.44
55–59	\$0.70	\$0.70
60–64	\$0.87	\$0.87
65–69	\$1.49	\$1.49
70–74	\$2.37	\$2.37
75+	\$3.64	\$3.64

Important Details

Here's where you'll find the details about the plan.

Eligibility Requirements

A minimum number of eligible employees must apply and qualify for the proposed plan before Additional Life coverage can become effective. If this requirement is not met, the additional coverage will not become effective. To be eligible for coverage, you must be:

- Insured for Basic Life insurance through The Standard to qualify for Additional Life insurance
- A regular employee of Sheldon Independent School District
- Actively working at least 20 hours per week

Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible.

If you buy Additional Life insurance for yourself, you may also buy additional coverage for your eligible children and/or spouse. This is called Dependent Life insurance. You can choose to cover your spouse, meaning a person to whom you are legally married, or your domestic partner as recognized by law.

You may also choose to cover your child. Child means your child from live birth through age 25. Please note:

- Your child cannot be insured by more than one employee.
- Your spouse and/or child(ren) must not be full-time member(s) of the armed forces.
- You cannot be insured as both an individual and a dependent.

Medical Underwriting Approval

Required for:

- Coverage amounts higher than the guarantee issue maximum amount
- All late applications (applying 31 days after becoming eligible)
- Requests for coverage increases
- Reinstatements, if required
- Eligible but not insured under the prior life insurance plan

Visit <https://myeoi.standard.com/760840> to complete and submit a medical history statement online.

Coverage Effective Date

To become insured, you must:

- Meet the eligibility requirements listed in the previous sections,
- Serve an eligibility waiting period*,
- Receive medical underwriting approval (if applicable),
- Apply for coverage and agree to pay premium, and
- Be actively at work (able to perform all normal duties of your job) on the day before the insurance is scheduled to be effective.

If you are not actively at work on the day before the scheduled effective date of insurance, your insurance, including any Dependent Life insurance, will not become effective until the day after you complete one full day of active work as an eligible employee.

You may have a different effective date for Life coverage below and above the guarantee issue amount.

If your dependent is confined to a hospital or nursing home on the scheduled effective date of your dependent's insurance, your dependent's insurance will not become effective until the day the dependent is released.

Contact your human resources representative or plan administrator for further information about the applicable coverage effective date for your insurance, including any Dependent Life insurance.

*Defined as first of the month that follows or coincides with the date you become a member

Life Insurance Age Reductions

Under this plan, your coverage amount reduces to 65 percent at age 65 and to 50 percent at age 70. Your spouse's coverage amount reduces by your age as follows: to 65 percent at age 65 and to 50 percent at age 70. If you are age 65 or over, ask your Human Resources representative or plan administrator for the amount of coverage available.

Waiver of Premium

Your premiums may be waived if you:

- Become totally disabled while insured under this plan,
- Are under age 60, and
- Complete a waiting period of 180 days.

If these conditions are met, your Life insurance coverage may continue without cost until Social Security Normal Retirement Age (SSNRA), provided you give us satisfactory proof that you remain totally disabled.

Portability

If your insurance ends because your employment terminates, you may be eligible to buy portable group insurance coverage from The Standard.

Conversion

If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health.

Exclusions

Subject to state variations, you and your spouse are not covered for death resulting from suicide or other intentionally self-inflicted injury, while sane or insane. The amount payable will exclude amounts that have not been continuously in effect for at least two years on the date of death.

When Your Insurance Ends

Your insurance ends automatically when any of the following occur:

- The date the last period ends for which a premium was paid
- The date your employment terminates
- The date you cease to meet the eligibility requirements (insurance may continue for limited periods under certain circumstances)
- The date the group policy, or your employer's coverage under the group policy, terminates
- For each elective insurance coverage, the date that coverage terminates under the group policy

In addition to the above requirements, your Dependent Life coverage ends automatically on the date your dependent ceases to meet the eligibility requirements for a dependent.

For more details on when your insurance ends, contact your human resources representative or plan administrator.

Group Insurance Certificate

If coverage becomes effective and you become insured, you may receive a group insurance certificate containing a detailed description of the insurance coverage, including the definitions, exclusions, limitations, reductions and terminating events. The controlling provisions will be in the group policy. The information present in this summary does not modify the group policy, certificate or the insurance coverage in any way.

About Standard Insurance Company

For more than 100 years, we have been dedicated to our core purpose: to help people achieve financial well-being and peace of mind. Headquartered in Portland, Oregon, The Standard is a nationally recognized provider of group employee benefits. To learn more about products from The Standard, visit us at www.standard.com.

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon, in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

GP1219-LIFE, GP1219-LIFE-ASSOC, GP1219-LIFE-TRUST

Standard Insurance Company
1100 SW Sixth Avenue
Portland OR 97204

www.standard.com

SI 22167-D-AL-TX-760840 (5/24)

7587902-1164218

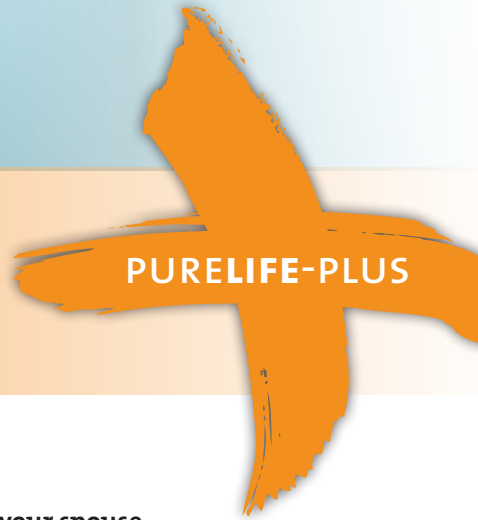


WOW!

LIFE INSURANCE YOU CAN KEEP!

LIFE INSURANCE HIGHLIGHTS

For the employee



You can take it with you when you change jobs or retire, as long as premiums are paid



You can cover your spouse, children and grandchildren, too¹



You pay for it through convenient payroll deductions: No checks to write or links to click



You can get a living benefit if you become terminally ill²



You can qualify by answering just 3 questions - no exam or needles (see inside for more details)



You can get cash to cover living expenses if you become chronically ill³



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

2 Conditions apply. Accelerated Death Benefit Due to Terminal Illness Rider Form ICC07-ULABR-07 or Form Series ULABR-07

3 Chronic Illness Rider included in the life contract for employees and their spouses at an additional cost. Conditions apply. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15

ADDITIONAL POLICY BENEFITS

Accelerated Death Benefit Due to Chronic Illness Rider

Included with the life contract for employees and their spouses at an additional cost, this valuable living benefit can help offset the unplanned expense of care should the insured be faced with a qualifying disabling chronic illness or severe cognitive impairment.

Here's how it works:

- If you're no longer able to perform any two of the six Activities of Daily Living or if you suffer severe cognitive impairment, you can receive a living benefit.⁴
 - Example: You own a \$100,000 Texas Life insurance policy with the Chronic Illness rider. A medical professional certifies that you can no longer perform two of the six Activities of Daily Living or have suffered serious cognitive impairment. You can apply for a lump sum of \$92,000 minus a \$150 processing fee.⁵
- The money is yours to do with as you choose: you do not have to go to a nursing home, convalescent center or receive home health care to receive the cash.
- The cost to add this valuable living benefit to your life insurance policy is minimal – just 10% of the policy's base premium.

*A death benefit for your family,
or a living benefit should you need it.*

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, it is not available in all states. Please contact a Texas Life representative or see the PureLife-plus brochure for complete details. Not available in New York, New Jersey, and Puerto Rico. © 2018 Texas Life Insurance Company, a member of the Sun Life Group. ICC18-PRFN state but New York.

- 4 Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.
- 5 The Accelerated Death Benefit Rider for Chronic Illness pays 92% of the insurance proceeds less a \$150 administration fee (\$100 in FL) in lieu of the benefit payable at death. Any outstanding loans will reduce the cash value and death benefit. Contract form series ULABR-CI-15 or ICC15-ULABR-CI-15. Payment of this rider terminates the contract and any obligations under other riders, endorsements and supplemental benefits as if the insured had died.

Accidental Death Benefit Rider

Included in the contract at the option of your employer, the Accidental Death Benefit Rider covers all employees and spouses between the ages of 17-59.⁶ This rider costs \$0.08 per thousand of face amount per month and pays the insured's beneficiary double the death benefit⁷ if the insured dies within 180 days of an accident from injuries incurred in that accident (90 days in FL, ND, and SD)⁸. The benefit is payable through the insured's age 65. Maximum in-force limits and exclusions apply. See the complete list of exceptions to coverage on the following page.

According to the Centers for Disease Control, accidents continue to be a leading cause of death in the U.S.⁹



You can qualify by answering just 3 questions¹⁰ – no exams or needles.

During the last six months, has the proposed insured:

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

⁶ Available to children at issue age 17-26, and grandchildren ages 17-18.

⁷ The accidental death benefit is paid in addition to and for the same amount as the contract's death benefit.

⁸ Rider details may vary by state. Conditions apply. See contract for complete coverage description. Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07.

⁹ Mortality in the United States, 2020. HCHS Data Brief, No. 427, December 2021.

¹⁰ Issuance of coverage will depend on answers to these questions.

ACCIDENTAL DEATH BENEFIT RIDER EXCEPTIONS TO COVERAGE

The following exceptions to coverage apply to these states: AK, AL, AR, AZ, CO, CT, DC, DE, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WI, WV, WY

- | | |
|---|---|
| <ul style="list-style-type: none"> a) war or any act attributable to war, whether or not the Insured is in military service; b) participating or engaging in a riot; c) suicide or any attempt to commit suicide, while sane or insane; d) bodily or mental infirmity or illness or disease of any kind; e) participation in an illegal occupation or activity; f) any cause, if death occurred while the Insured is incarcerated; g) an accident caused or contributed to by intoxication as defined by the jurisdiction in which death occurred; | <ul style="list-style-type: none"> h) taking of any poison, drug, or sedative, unless such drug or sedative was taken as prescribed for occurred; i) asphyxiation from inhalation of gas, except the accidental inhalation of gas in the course of Insured's employment; j) operating or riding in, or descending from any kind of aircraft if the Insured is a pilot, officer, or member of the crew of the aircraft, or is giving or receiving any kind of training or instruction, or has any duties aboard the aircraft or duties requiring descent therefrom. |
|---|---|

In SD, this provision does not cover death which results from any of the following causes:

- | | |
|--|---|
| <ul style="list-style-type: none"> a) war or any act attributable to war, whether or not the insured is in military service; b) suicide or any attempt to commit suicide, while sane; c) bodily illnesses or disease of any kind; d) committing a felony | <ul style="list-style-type: none"> e) operating in, or descending from any kind of aircraft if the Insured is a pilot, officer, or member of the crew of the aircraft, or is giving or receiving any kind of training or instruction, or has any duties aboard the aircraft or duties requiring descent therefrom. |
|--|---|

In FL and ND, this provision does not cover death which results from any of the following causes:

- | | |
|---|--|
| <ul style="list-style-type: none"> a) an accidental bodily injury occurring, outside the United States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, Panama Canal Zone, the Republic of Panama, and Canada, while in the military service for any country at war; b) war or any act attributable to war, whether or not the Insured is in military service; c) participating or engaging in a riot; d) suicide or any attempt to commit suicide, while sane or insane; e) bodily or mental infirmity or illness or disease of any kind | <ul style="list-style-type: none"> f) committing or attempting to commit a felony; g) taking of any poison, drug, or sedative, unless such drug or sedative was taken as prescribed for the Insured by a physician; h) asphyxiation from inhalation of gas, except the accidental inhalation of gas in the course of the Insured's employment; i) operating or riding in, or descending from any kind of aircraft if the Insured is a pilot, officer, or member of the crew of the aircraft, or is giving or receiving any kind of training or instruction, or has any duties aboard the aircraft or duties requiring descent therefrom. |
|---|--|



LIFE INSURANCE HIGHLIGHTS

For the employee

PURELIFE-PLUS

Voluntary permanent life insurance can be an ideal complement to the group term and optional term life insurance your employer might provide. This voluntary permanent universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term life insurance may be portable if you change jobs, but even if you can keep them after you retire, they usually cost more and decline in death benefit.

The contract, PURELIFE-PLUS, is underwritten by Texas Life Insurance Company, and it has the following features:

- **High Death Benefit.** Written on a minimal cash-value Universal Life frame, PURELIFE-PLUS features one of the highest death benefits per payroll-deducted dollar offered at the worksite.¹
- **Refund of Premium.** Unique in the workplace, PURELIFE-PLUS offers you a refund of 10 years' premium, should you surrender the contract if initial specified premium paid for ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Due to Terminal Illness Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a \$150 (\$100 in Florida) administrative fee. Included with your contract at no additional cost, this valuable living benefit helps give you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. *(Conditions apply.) (Form ICCo7-ULABR-07 or Form Series ULABR-07)*
- **Accelerated Death Benefit for Chronic Illness Rider.** Optional on employee contracts at an additional cost, this rider will be triggered by the loss of two out of six Activities of Daily Living² or severe cognitive impairment for a period of 90 days. It pays the insured up to 92% of the death benefit minus a small administrative fee, should the insured decide to exercise it. This valuable living benefit can help offset the cost of either in-home care or care in a resident facility. *(Conditions apply; see the following pages for additional details. Form Series CA-ULABR-CI-18)*

**American Fidelity
General Agency**
a different opinion



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

Additional Features

- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURELIFE-PLUS helps provide peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).
- **Long Guarantees.** Enjoy the assurance of a contract that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time (after the guaranteed period, premiums may go down, stay the same, or go up).³

You may apply for this permanent coverage, not only for yourself, but also for your spouse, children and grandchildren.⁴



3 QUICK QUESTIONS

You can qualify by answering just 3 questions⁵ – no exams or needles.

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

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

Important Note: Texas Life does not offer legal or financial advice. Contact an attorney and a financial advisor in your state for legal and financial information on wills, estates and trusts.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the Purelife-plus brochure for costs and complete details. Contract Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO.

¹ Voluntary Whole and Universal Life Products, Eastbridge Consulting Group, March 2022

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

³ As long as you pay the necessary premium. Guarantees are subject to product terms, limitations, exclusions, and the insurer's claims paying ability and financial strength. 45 years average for all ages based on our actuarial review.

⁴ Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.

⁵ Issuance of coverage will depend on the answer to these questions.

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

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

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	9.25	16.25	81
2-4	9.50	16.75	80
5-8	9.75	17.25	79
9-10	10.00	17.75	79
11-16	10.25	18.25	77
17-20	12.25	22.25	75
21-22	12.50	22.75	74
23	12.75	23.25	75
24-25	13.00	23.75	74
26	13.50	24.75	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

HOSPITAL INDEMNITY INSURANCE

Aetna | www.myaetnasupplemental.com | 1.800.607.3366

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

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

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

Please see policy details by visiting the Employee Benefits Center for more details.
ffbenefits.ffga.com/sheldonisd

HOSPITAL INDEMNITY		
SEMI-MONTHLY RATES	LOW PLAN	HIGH PLAN
EMPLOYEE	\$7.81	\$13.25
EMPLOYEE + SPOUSE	\$17.50	\$29.47
EMPLOYEE + CHILD(REN)	\$13.56	\$22.60
EMPLOYEE + FAMILY	\$22.36	\$37.39

File a Claim online: www.myaetnasupplemental.com or call Aetna at 1-800-607-3366



Less stress

Aetna Hospital Indemnity Plan

Be prepared for what lies ahead

Maybe you're expecting to have a hospital stay — or maybe not. Either way, you can plan ahead to give yourself an extra financial cushion.

What is the Hospital Indemnity Plan?

The insurance plan pays benefits when you have a planned, or unplanned hospital stay for an illness, injury, surgery or having a baby. The plan pays a lump-sum benefit for admission and a daily benefit for a covered hospital stay. 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 a stay in the hospital.

The Aetna Hospital Indemnity 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.

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

How can you use the cash benefits?

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

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

...or for 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 stay in a hospital. And, benefits get paid directly to you by check or direct deposit.

Because it happens

More than 35 million Americans were hospitalized in 2016¹. The average hospital stay in the U.S. costs \$10,700².



Ready...or not

Carter* is a hard worker, so he doesn't always slow down to listen to his body. Before he knew it, a little cough turned into pneumonia — and a hospital stay.

Good thing he had the Aetna Hospital Indemnity Plan. He filed his claim and the benefits were deposited right into his bank account.

That money helped make up for the time he missed while recovering, and paid some of his deductible. Now, he can focus more on his health.

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.



¹American Hospital Association. Fast facts on U.S. hospitals, 2018, February 2018. Available at: aha.org/research/rc/stat-studies/fastfacts.shtml. Accessed April 25, 2018.

²Michaelis M. The 35 most expensive reasons you might have to visit a hospital in the US — and how much it costs if you do. Business Insider. March 1, 2018. Available at: businessinsider.com/most-expensive-health-conditions-hospitalcosts-2018-2. Accessed April 25, 2018.

*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.

The Aetna Hospital Indemnity Plan is a hospital confinement indemnity plan. 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 Missouri and Oklahoma include: GR-96172 01, AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01.

BENEFIT SUMMARY

Aetna Hospital Indemnity

Insurance plans are underwritten by Aetna Life Insurance Company.

Here's how the plan works:



You have an unexpected event and have to go to the hospital.



You are admitted into the hospital and spend two days there.



You submit your hospital claim to Aetna.



Aetna pays benefits directly to you.

Unless otherwise indicated, all benefits and limitations are per covered person.

The Aetna Hospital Indemnity Plan is a hospital confinement indemnity plan with other fixed indemnity benefits. THESE PLANS DO NOT COUNT AS MINIMUM ESSENTIAL COVERAGE UNDER THE AFFORDABLE CARE ACT. THESE PLANS ARE A SUPPLEMENT TO HEALTH INSURANCE AND ARE NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. These plans provide limited benefits. They pay fixed dollar benefits for covered services without regard to the health care provider's actual charges. These benefit payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have.

THIS 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.

This policy, alone, does not meet Massachusetts Minimum Creditable Coverage standards.

Inpatient Stays

Covered Benefit	Low	High
<p>Hospital stay - Admission</p> <p>Provides a lump sum benefit for the initial day of your stay in a hospital.</p> <p><i>Maximum 2 stays per plan year; separated by 30 days in a row</i></p>	\$1,000	\$2,000
<p>Hospital stay - Daily</p> <p>Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$200
<p>Hospital stay - (ICU) Daily</p> <p>Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital.</p> <p><i>Maximum 30 days per plan year</i></p>	\$200	\$400
<p>Newborn routine care</p> <p>Provides a lump-sum benefit after the birth of your newborn. This will not pay for an outpatient birth.</p>	\$100	\$200
<p>Observation unit</p> <p>Provides a lump sum benefit for the initial day of your stay in an observation unit as the result of an illness or accidental injury.</p> <p><i>Maximum 1 day per plan year</i></p>	\$100	\$200
<p>Substance abuse stay - Daily</p> <p>Pays a daily benefit for each day you have a stay in a hospital or substance abuse treatment facility for the treatment of substance abuse.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$200
<p>Mental disorder stay - Daily</p> <p>Pays a daily benefit for each day you have a stay in a hospital or mental disorder treatment facility for the treatment of mental disorders.</p> <p><i>Maximum 30 days per plan year</i></p>	\$100	\$200
<p>Rehabilitation unit stay - Daily</p> <p>Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury.</p> <p><i>Maximum 30 days per plan year</i></p>	\$50	\$100
<p>Important Note: All daily inpatient stay benefits begin on day two and count toward the plan year maximum .</p>		

Waiver of premium

If you are in a hospital for more than 30 days in a row, we will waive the premium beginning on the first premium due date that occurs after the 30th day of your stay, through the next 6 months of coverage. During your stay, you must remain employed with the policyholder.

Portability

If your employment ends, and as a result your coverage under the policy ends, you can choose to continue your coverage by enabling the portability provision in your coverage. Such coverage will be available to you and any of your covered dependents.

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 will not be paid for any stay or other service for an illness or 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. Care provided by a spouse, parent, child, sibling or any other household member;
7. Cosmetic services and plastic surgery, with certain exceptions;
8. Custodial Care;
9. Hospice services, except as specifically provided in the Benefits under your plan section of the certificate;
10. Self-harm, suicide, 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. Care or services received outside the United States or its territories;
13. Education, training or retraining services or testing;
14. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant;
15. Exams except as specifically provided in the Benefits under your plan section of the certificate;
16. Dental and orthodontic care and treatment;
17. Family planning services;
18. Any care, prescription drugs, and medicines related to infertility;
19. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins;
20. Outpatient cognitive rehabilitation, physical therapy, occupational therapy, or speech therapy for any reason;
21. Vision-related care

Do I have to be actively at work to enroll in coverage?

Yes, you must be actively at work in order to enroll and for coverage to take effect. You are actively at work if you are working, or are available to work, and meet the criteria set by your employer to be eligible to enroll.

Can I enroll in the Aetna Hospital Indemnity plan even though I have a Health Savings Account (HSA)?

Yes, you can still enroll in the Aetna Hospital Indemnity plan if you have a Health Savings Account.

What is considered a hospital stay?

A stay is a period during which you are admitted as an inpatient; and are confined in a: hospital, non-hospital residential facility, rehabilitation facility; and are charged for room, board and general nursing services. A stay does not include time in the hospital because of custodial or personal needs that do not require medical skills or training. A stay specifically excludes time in the hospital for observation or in the emergency room unless this leads to a stay.

If I lose my employment, can I take the Hospital Indemnity Plan with me?

Yes, you are able to continue coverage under the Portability provision. You will need to pay premiums directly to Aetna.

How do I file a claim?

Go to myaetnasupplemental.com and either "Log In" or "Register", depending on if you've set up your account. Click the "Create a new claim" button and answer a few quick questions. You can even save your claim to finish later. You can also print/mail in form(s) to: Aetna Voluntary Plans, PO Box 14079, Lexington, KY 40512-4079, or you can ask us to mail you a printed form.

What should I do in case of an emergency?

In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

What if I don't understand something I've read here, or have more questions?

Please call us. We want you to understand these benefits before you decide to enroll. You may reach one of our Customer Service representatives **Monday through Friday, 8 a.m. to 6 p.m.**, by calling **1-800-607-3366**. We're here to answer questions before and after you enroll.



RATE SHEET

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



Hospital Indemnity Plan

You may enroll in one option only.

<u>Low</u>		<u>Cost</u>		<u>High</u>		<u>Cost</u>	
Yourself only		\$15.62		Yourself only		\$26.49	
Yourself & spouse		\$34.99		Yourself & spouse		\$58.93	
Yourself plus child(ren)		\$27.12		Yourself plus child(ren)		\$45.20	
Yourself and family		\$44.71		Yourself and family		\$74.78	

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

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

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

Policy forms issued in Oklahoma and Idaho include:, GR-96841, GR-96842, GR-96843 and/or GR-96844. AL VOL HPOL-Hosp 01 and AL VOL HCOC-Hosp 01.



Non-Discrimination Notice

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance. If you need a qualified interpreter, written information in other formats, translation or other services, call 1-888-772-9682.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator, P.O. Box 14462, Lexington, KY 40512
1-800-648-7817, TTY: 711, Fax: 859-425-3379, CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Availability of Language Assistance Services

TTY: 711

For language assistance in your language call 1-888-772-9682 at no cost. (English)

Para obtener asistencia lingüística en su idioma, llame sin cargo al 1-888-772-9682. (Spanish)

欲取得以您的語言提供的語言協助，請撥打1-888-772-9682，無需付費。(Chinese)

Pour une assistance linguistique dans votre langue, appeler le 1-888-772-9682 sans frais. (French)

Para sa tulong sa inyong wika, tumawag sa 1-888-772-9682 nang walang bayad. (Tagalog)

Hilfe oder Informationen in deutscher Sprache erhalten Sie kostenlos unter der Nummer 1-888-772-9682. (German)

للمساعدة اللغوية بلغتك الرجاء الاتصال على الرقم المجاني 1-888-772-9682. (Arabic)

Pou jwenn asistans nan lang pa w, rele nimewo 1-888-772-9682 gratis. (French Creole)

Per ricevere assistenza nella sua lingua, può chiamare gratuitamente il numero 1-888-772-9682. (Italian)

日本語で援助をご希望の方は 1-888-772-9682 (フリーダイヤル) までお電話ください。(Japanese)

본인의 언어로 통역 서비스를 받고 싶으시면 비용 부담 없이 1-888-772-9682번으로 전화해 주십시오. (Korean)

برای راهنمایی به زبان شما با شماره 1-888-772-9682 بدون هیچ هزینه ای تماس بگیرید. (Persian)

Aby uzyskać pomoc w swoim języku, zadzwoń bezpłatnie pod numer 1-888-772-9682. (Polish)

Para obter assistência no seu idioma, ligue gratuitamente para o 1-888-772-9682. (Portuguese)

Чтобы получить помощь с переводом на ваш язык, позвоните по бесплатному номеру 1-888-772-9682. (Russian)

Để được hỗ trợ ngôn ngữ bằng ngôn ngữ của bạn, hãy gọi miễn phí đến số 1-888-772-9682. (Vietnamese)

DISABILITY INSURANCE

AFA | www.americanfidelity.com | 1.800.662.1113

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period of time you are unable to work due to those reasons.

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

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

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

To File a Claim Online, visit www.americanfidelity.com, use the AFMobile app, or call AFA at 1-800-662-1113

Pre-Existing Conditions

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.

Actively at work

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

Sheldon ISD Group Disability Comparison

Disability Plan Features:	Sheldon ISD Long Term Disability		Sheldon ISD Long Term Disability 2023
Benefit Schedule	Choice of Benefit amount in increments of \$100—ranging from \$200 to \$7,500		Choice of Benefit amount in increments of \$100—ranging from \$200 to \$10,000
Maximum Monthly Benefit	Up to 70% of monthly earnings, less deductible sources of income	Up to 60% of monthly earnings, less deductible sources of income	Up to 66 2/3% of monthly earnings, less deductible sources of income
Minimum Monthly Benefit	\$100 or 10%, whichever is greater		\$100 or 10%, whichever is greater
Elimination Period Injury/Sickness	Choice of 14, 30, 60, 90 & 150 days		Choice of 7 , 14, 30, 60, 90 & 150 days
Maximum Benefit Period	Up to Social Security Normal Retirement Age (SSNRA) for Injury and Sickness		Up to Social Security Normal Retirement Age (SSNRA) for Injury and Sickness
Hospital Confinement Benefit	Benefit will be payable on the first day the Insured is confined as a patient in a hospital for up to 60 days of confinement.	Benefit will be payable on the first day the Insured is confined as a patient in a hospital for up to 60 days of confinement. The remainder of the Insured's Elimination Period will be waived (benefits extended to 14-day, 30-day Elimination Period).	Benefit will be payable on the first day the Insured is confined as a patient in a hospital for up to 60 days of confinement. The remainder of the Insured's Elimination Period will be waived. Available plans with an elimination period of 30 days or less.
Deductible Sources of Income	Immediate Adjustments		All plans pay in addition to Sick Leave for the first 12 months of disability.
Guarantee Issue Amount	\$7,500		\$10,000
Minimum Participation	Greater of 20% or 10 lives		Greater of 20% or 10 lives
Own Occupation Period	12 months		24 months
Disabled and Working	Included		Included
Accidental Death Benefit	\$20,000	Not Included	Not Included

Sheldon ISD Group Disability Comparison

Pre-Existing Condition Period	12-month lookback/24 months continuous coverage; 1 month benefit for disability due to pre-ex conditions	12-month lookback/24 months continuous	3-month lookback/12 months continuous coverage; 1 month benefit for disability due to pre-ex conditions
Mental & Nervous Limitation	2 years		2 years
Drug & Alcohol Limitation	15 days		2 years
Special Conditions Limitations	2 years	1 year	2 years
Physician Expense Benefit	Up to \$150 for Injury; \$50/sickness	Not Included	Not Included
Family Care Benefit	Insured will receive up to 25% of benefit up to 24 months of disability benefit	Not Included	Not Included
Waiver of Premium	First of the month following 180 days of disability		First of the month following 90 days of disability
Survivor Benefit	Offered as an Optional Benefit Rider (additional cost)		Lump sum equal to 3x the Disability Payment (included in premium)

Elimination Period	Long Term Disability		Long Term Disability 2023
Plan Rates (per \$100 of covered monthly benefit)			
7 days	N/A	N/A	\$3.68
14 days	\$3.64	\$2.92	\$3.14
30 days	\$2.90	\$2.20	\$2.60
60 days	\$2.46	\$1.70	\$1.62
90 days	\$2.08	\$1.46	\$1.20
150 days	\$1.56	\$1.02	\$0.78

Coverages are enrolled via Enrollment Form once annually Guarantee Issue with no medical questions. Existing insureds may increase coverage guarantee issue up to qualified monthly benefit. Plan changes may be subject to a new pre-existing condition limitation.

Insureds are required to elect new plans effective 9/1/2023.



AF™ Long-Term Disability Income Insurance
Texas Schools

Marketed by:



EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

Focus on Recovery, Not Expenses

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

Plan Highlights



Benefits are Payable Directly to You

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



Customized to Meet Your Individual Needs

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



Return-to-Work Benefit

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

Choose the Right Plan for You

BENEFITS BEGIN

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



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



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



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



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

Benefit Policy Schedule

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

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

Benefit Policy Schedule (continued)

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

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

Plan Benefit Highlights

Maximum Benefit Period

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

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

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

Social Security Filing Assistance

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

When Coverage Begins

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

Hospital Confinement Benefit

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

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

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

Survivor Benefit

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

Waiver of Premium

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

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

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

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



Minimum Disability Benefit

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

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

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

Return To Work Incentives: Disabled and Working

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

- **Worksite Accommodation**

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

Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

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

Special Conditions Limited Benefit

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

Pre-Existing Condition Limitation

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

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

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

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

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 advise 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:
American Fidelity Assurance Company
800-662-1113 • americanfidelity.com

CANCER INSURANCE

AFA | www.americanfidelity.com | 1.800.662.1113

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.
ffbenefits.ffga.com/sheldonisd

CANCER INSURANCE		
SEMI-MONTHLY PREMIUM	BASIC	ENHANCED
EMPLOYEE	\$7.90	\$15.81
EMPLOYEE + FAMILY	\$13.43	\$26.90

To File a Claim Online, visit www.americanfidelity.com, use the AFMobile app, or call AFA at 1-800-662-1113

12-month pre-existing conditions:

Pre-existing conditions are not covered within the first 12 months of coverage. A pre-existing condition is any sickness or loss for which medical advice or treatment was received or recommended within 12 months prior to the effective date of coverage.

Actively at work:

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



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

BENEFITS	BASIC	ENHANCED PLUS
Dread Disease Per day while hospital confined Day 1-30 Day 31+	\$100 \$200	\$300 \$600
Donor	\$1,000/donation	
Drugs and Medicine Inpatient Per confinement Outpatient \$50 per prescription up to maximum shown per calendar month	\$50 \$50	\$200 \$100
Attending Physician While hospital confined, per day	\$50	\$50
Transportation & Lodging (Patient & Family Member) Transportation \$1,500 max per round trip, max 12 trips per calendar year Lodging Per day, up to 90 days per calendar year	Coach fare or \$.50/mile by car \$50	Coach fare or \$.50/mile by car \$75
Ambulance Ground Per trip, up to 2 per confinement Air Per trip, up to 2 per confinement	\$200 \$2,000	\$200 \$2,000
Physical or Speech Therapy Per visit, up to 4 per calendar month, lifetime max of \$1,000.	\$50	\$50
Diagnostic and Prevention One per calendar year	\$25	\$75
Cancer Screening Follow-Up One per calendar year	\$25	\$75
Waiver of Premium Employee only	After 90 days of continuous disability	
Internal Cancer Diagnosis One per covered person per lifetime, benefits reduce 50% at age 70	\$2,500	\$5,000
Heart Attack or Stroke Diagnosis One per covered person per lifetime, benefits reduce 50% at age 70	N/A	\$5,000
Hospital Intensive Care Unit Per day, up to 30 days per confinement; benefits reduced 50% at age 70 Ambulance		\$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 PLUS
Individual	\$15.80	\$31.62
Family	\$26.86	\$53.80

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.

CRITICAL ILLNESS INSURANCE

Aflac | www.aflacgroupinsurance.com | 1.800.992.3522

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 ffbenefits.ffga.com/sheldonisd and view policy for more details.

Highlights include:

- Guaranteed issue for entire family – no medical history required
- Wellness benefit pays you \$100 (High Plan) for annual health screening test
- Covers Heart Attack, Stroke, Major Organ Transplant, Alzheimer's, Cancer, Kidney Failure, Skin Cancer (partial benefit), Coronary Artery by-pass, and many other partial benefit conditions.

CRITICAL ILLNESS PREMIUMS				
Semi-Monthly Rates	\$10,000		\$20,000	
	NON-TABACCO	TABACCO	NON-TABACCO	TABACCO
AGE				
18-29	\$3.74	\$4.54	\$6.00	\$7.61
30-39	\$4.98	\$6.80	\$8.50	\$12.13
40-49	\$8.06	\$11.68	\$14.66	\$21.90
50-59	\$13.38	\$20.53	\$25.28	\$39.60
60-69	\$20.97	\$31.78	\$40.48	\$62.10

To File a Claim Online, visit www.aflacgroupinsurance.com or call Aflac at 1-800-992-3522

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

ACCIDENT INSURANCE

The Standard | www.standard.com | 1.866.851.2429

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

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

ACCIDENT INSURANCE		
SEMI-MONTHLY PREMIUM	SELECT PLAN	PREMIER PLAN
EMPLOYEE	\$3.48	\$8.35
EMPLOYEE + SPOUSE	\$5.77	\$13.59
EMPLOYEE + CHILD(REN)	\$6.51	\$15.50
EMPLOYEE + FAMILY	\$10.27	\$24.40

How Do I File A Claim?

To file a claim online, go to standard.com, click on the following options:

- "Log in"
- "Don't have an account? Start here" to create an account and follow the steps
- "Get Started"
- "Start a new Claim"
- "Accident"

To file a paper claim, go to standard.com, choose "File a Claim", select "Start a Claim" and then click on "Paper Claim Forms" to download a claim form.

When I Report My Claim, What Information Will I Need To Provide?

You will be asked to provide the following information:

- Employer name – **SHELDON ISD**
- Group Policy number - **760840**
- Name and Social Security number
- Nature of claim/medical information, including accident/incident reports if applicable
- Scanned copy or physical copy of itemized medical bills
- Physician's contact information (name, address, phone and fax number)

Presented By:

First Financial Capitol Corporation

Prepared For:

Sheldon Independent School District



Accident Insurance

Nobody plans to have an accident - and most people don't budget for one, either. Accident insurance helps your employees pay for out-of-pocket expenses medical insurance won't cover. If an employee's covered child gets injured while participating in an organized sport, we'll pay an additional 25 percent of the total benefit owed. It's an affordable way for employees to make sure they can keep their financial lives moving in the right direction.

Covered Members

A regular employee of the employer working 20 hrs per week in the United States.

All eligible

Options side-by-side

Employer selects one plan design to offer to employees.

	Select	Premier
Minimum Employee Participation	10 Lives	10 Lives
Policy Situs State	TX	TX
Type of Coverage	24 hr	24 hr
Age eligible for coverage	18–99 for Employee, Spouse; Birth to age 26 for children	18–99 for Employee, Spouse; Birth to age 26 for children
Termination Age	None for Employee, Spouse; 26 for children	None for Employee, Spouse; 26 for children

Plan Design

	Select	Premier
Emergency Care		
Air Ambulance	\$600	\$1,500
Blood, Plasma, Platelets	\$150	\$600
Emergency Dental (Crown)	\$150	\$350
Emergency Dental (Extraction)	\$50	\$150
Emergency Room Benefit	\$100	\$200
Ground Ambulance	\$200	\$600
Initial Physician's Office	\$50	\$60
Major Diagnostic Exam	\$100	\$300
Urgent Care	\$50	\$60
X-Ray	\$25	\$60
Specific Injury		
Burns, 2nd degree, <15%	\$100	\$500

Presented By:

First Financial Capitol Corporation

Prepared For:

Sheldon Independent School District



Plan Design

Specific Injury	Select	Standard	Premier
Burns, 2nd degree, >15%	\$500	\$1,000	\$1,500
Burns, 3rd degree, <15%	\$1,500	\$5,000	\$7,500
Burns, 3rd degree, >15%	\$7,500	\$10,000	\$12,500
Coma	\$5,000	\$7,500	\$15,000
Concussion	\$100	\$150	\$200
Eye Injury	\$150	\$200	\$300
Lacerations, < 2"	\$50	\$75	\$100
Lacerations, 2" - 6"	\$100	\$200	\$400
Lacerations, > 6"	\$400	\$600	\$800
Skin Graft	25% of Burn Benefit	25% of Burn Benefit	50% of Burn Benefit

Fractures Non-Surgical/Surgical	Select	Standard	Premier
Ankle, Arm, Collarbone, Elbow, Foot, Hand, Kneecap, Lower Jaw, Shoulder blade, Sternum, Wrist	\$350/\$700	\$500/\$1,100	\$650/\$1,300
Bones of Face, Coccyx, Nose, Vertebrae	\$300/\$600	\$500/\$1,000	\$750/\$1,500
Finger, Toe	\$75/\$150	\$100/\$200	\$200/\$400
Hip	\$1,500/\$3,000	\$2,500/\$5,000	\$3,000/\$6,000
Leg (hip to knee)	\$800/\$1,600	\$2,000/\$4,000	\$3,000/\$6,000
Leg (knee to ankle), Pelvis, Vertebral Column	\$800/\$1,600	\$1,200/\$2,400	\$1,700/\$3,400
Rib	\$300/\$600	\$400/\$800	\$500/\$1,000
Skull (depressed)	\$2,750/\$5,500	\$4,000/\$8,000	\$5,250/\$10,500
Skull (non-depressed)	\$800/\$1,600	\$1,500/\$3,000	\$2,000/\$4,000
Chip Fracture	25% of Non-Surgical Fracture Amount	25% of Non-Surgical Fracture Amount	25% of Non-Surgical Fracture Amount

Dislocations	Select	Standard	Premier
Ankle, Collarbone (Sternoclavicular), Elbow, Foot, Hand, Lower Jaw, Shoulder, Wrist	\$450/\$900	\$800/\$1,600	\$1,000/\$2,000
Collar Bone (Acromioclavicular)	\$200/\$400	\$400/\$800	\$500/\$1,000
Finger, Rib, Toe	\$100/\$200	\$150/\$300	\$200/\$400
Hip	\$1,500/\$3,000	\$2,500/\$5,000	\$3,500/\$7,000
Knee	\$450/\$900	\$900/\$1,800	\$1,000/\$2,000
Spine	\$200/\$400	\$400/\$800	\$500/\$1,000

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First Financial Capitol Corporation

Prepared For:

Sheldon Independent School District



Plan Design

Dislocations

Select

Premier

Partial Dislocation

25% of Non-Surgical Dislocation Amount

25% of Non-Surgical Dislocation Amount

25% of Non-Surgical Dislocation Amount

Surgical Benefits

Select

Premier

Knee Cartilage Repair	\$400	\$750	\$1,000
Knee Cartilage Exploratory Surgery	\$150	\$200	\$250
Tendon, Ligament, Rotator Cuff Repair of One	\$400	\$750	\$1,000
Tendon, Ligament, Rotator Cuff Repair of Two or More	\$600	\$1,000	\$1,500
Tendon, Ligament, Rotator Cuff Exploratory Surgery	\$150	\$200	\$250
Ruptured Disk, Repair	\$400	\$750	\$1,000
Exploratory Abdominal/Thoracic Surgery	\$150	\$200	\$400
Laparoscopic Repair Abdominal/Thoracic Surgery	\$500	\$750	\$1,000
Open Repair Abdominal/Thoracic Surgery	\$1,000	\$1,500	\$2,000
Surgical Facility (Outpatient)	\$50	\$150	\$500

Hospital

Select

Premier

Critical Care Unit Admission	\$500	\$750	\$1,000
Daily Rehabilitation Facility (up to 90 days per accident)	\$50/day	\$100/day	\$150/day
Daily Critical Care Unit Confinement (up to 15 day)	\$200/day	\$200/day	\$200/day
Daily Hospital Confinement (up to 365 days)	\$100/day	\$200/day	\$400/day
Hospital Admission	\$500	\$1,000	\$1,500

Follow-Up Care

Select

Premier

Medical Appliance	\$50	\$100	\$200
Chiropractic	\$25 up to 2 days	\$50 up to 2 days	\$60 up to 2 days
Accident Follow-Up Treatment	\$50 up to 2 days	\$50 up to 2 days	\$70 up to 3 days
Hearing Device	\$400	\$500	\$600
Prosthesis, One	\$250	\$500	\$1,000
Prostheses, Two or more	\$500	\$1,000	\$2,000
Therapy Services	\$50 up to 2 days	\$50 up to 3 days	\$50 up to 4 days

Additional Benefits

Select

Premier

Presented By:

First Financial Capitol Corporation

Prepared For:

Sheldon Independent School District



Plan Design

Additional Benefits	Select	Standard	Premier
Lodging (up to 30 days per accident)	\$150/per day	\$175/per day	\$200/per day
Transportation (up to 30 days per accident)	\$100/per day	\$150/per day	\$200/per day

Accidental Death & Dismemberment	Select	Standard	Premier
Accidental Death - Employee	\$25,000	\$50,000	\$100,000
Accidental Death - Spouse	\$12,500	\$25,000	\$50,000
Accidental Death - Child	\$6,250	\$12,500	\$25,000
Common Carrier	100% of Accidental Death	100% of Accidental Death	100% of Accidental Death
Line of Duty	100% of Accidental Death and Dismemberment	100% of Accidental Death and Dismemberment	100% of Accidental Death and Dismemberment
Loss of 2 or more fingers or toes	5% of Accidental Death	5% of Accidental Death	5% of Accidental Death
Loss of one finger or one toe	2% of Accidental Death	2% of Accidental Death	2% of Accidental Death
Loss of Both Hands, or Both Feet	30% of Accidental Death	30% of Accidental Death	30% of Accidental Death
Loss of Sight for Both Eyes	30% of Accidental Death	30% of Accidental Death	30% of Accidental Death
Loss of Hearing of Both Ears	30% of Accidental Death	30% of Accidental Death	30% of Accidental Death
Loss of One Hand or One Foot	15% of Accidental Death	15% of Accidental Death	15% of Accidental Death
Loss of One Hand and One Foot	30% of Accidental Death	30% of Accidental Death	30% of Accidental Death
Loss of Sight in One Eye	15% of Accidental Death	15% of Accidental Death	15% of Accidental Death
Loss of Hearing in One Ear	15% of Accidental Death	15% of Accidental Death	15% of Accidental Death

Accidental Impairment	Select	Standard	Premier
Uniplegia	15% of Accidental Death	15% of Accidental Death	15% of Accidental Death
Paraplegia, Triplegia, or Hemiplegia	30% of Accidental Death	30% of Accidental Death	30% of Accidental Death
Quadriplegia	50% of Accidental Death	50% of Accidental Death	50% of Accidental Death
Seatbelt Benefit	10% of Accidental Death	10% of Accidental Death	10% of Accidental Death
Airbag Benefit	10% of Accidental Death	10% of Accidental Death	10% of Accidental Death
Helmet Benefit	10% of Accidental Death	10% of Accidental Death	10% of Accidental Death
Repatriation Benefit	10% of Accidental Death	10% of Accidental Death	10% of Accidental Death

Navigator Mobile

We are pleased to offer your employees use of our innovative Navigator Mobile tool. Navigator Mobile lets employees view all their benefits information where and when they need it. Please see the attached proposal for further information.

Presented By:

First Financial Capitol Corporation

Prepared For:

Sheldon Independent School District

**Additional Plan Design Details:**

- A Youth Organized Sports benefit is included with EE+CH and Family coverage. If a covered child 18 age or younger is injured while playing an organized sport, the Standard pays an additional 25% of the total benefits for treatment received.
- If multiple fractures and/or dislocations are sustained in a covered accident, the Standard pays for each fracture and/or each dislocation.
- Critical Care Admission and Critical Care Confinement pay in addition to the Hospital Admission and Hospital Confinement daily benefit.
- Line of Duty Benefit provides an additional 100% of the accidental death, accidental dismemberment benefit, or accidental impairment benefit for public safety officers (police officers, firefighters, corrections officers, judicial officers and officially recognized or designated volunteer firefighters).
- Portability is automatically included. Employees are able to take their Accident coverage with no change in coverage or rates.
- Benefits paid under the Accident Insurance policy when purchased with employee post-tax income are excluded from claimant gross income under current federal tax law.
- 24 hour - Coverage includes accidents that occur anytime, including work related accidents.

Presented By:

First Financial Capitol Corporation

Prepared For:

Sheldon Independent School District



Cost

Rollup: Monthly Premium

	Select Plan	Premier Plan
Employee	\$6.96	\$16.70
Employee and Spouse	\$11.54	\$27.17
Employee and Child(ren)	\$13.02	\$31.00
Employee and Family	\$20.54	\$48.80
Includes the following benefits:		
Health Maintenance Screening Benefit	\$100 Benefit	\$200 Benefit
Automobile Accident Benefit	\$500 Benefit	\$500 Benefit

- Auto-pay is available for the Health Maintenance Screening benefit when covered screenings are completed by employees at their employer's Health Fair.
- The Health Maintenance Screening Benefit pays an annual benefit when the insured receives one of the twenty-two covered health screening tests, including novel infectious disease testing (including COVID-19), lipid panel, mammography, and colonoscopy.
- The Automobile Accident Benefit pays an additional benefit amount if the insured is injured in a covered automobile accident.
- To convert monthly rates to deductions, multiply by twelve, then divide by the number of deductions per year and round to two decimals.

GAP INSURANCE

AFA | www.americanfidelity.com | 1.800.654.8489

You may think major medical insurance is enough to cover your needs, but the reality is that many plans may only cover a portion of your overall expenses. It's important to protect yourself in the event of a sudden hospitalization.

A Hospital Gap Insurance plan pays benefits directly to you and is designed to help cover the gap between what your traditional medical plan will cover and the out-of-pocket expenses you will pay. The plan may include benefits you can use to help pay for inpatient hospital stays and surgeries, doctor's office treatments and diagnostic testing costs.

With Hospital Gap Insurance, you can have peace of mind knowing that unexpected medical expenses will less of a financial burden for you and your family members.

The cost of the plan will depend upon the age of the employee at the time of enrollment.

GAP INSURANCE			
SEMI-MONTHLY PREMIUM	\$1,500	\$3,500	\$4,000
<i>UNDER 55</i>			
EMPLOYEE ONLY	\$13.30	\$27.20	\$29.30
EMPLOYEE + SPOUSE	\$22.55	\$47.60	\$51.35
EMPLOYEE + CHILD(REN)	\$20.30	\$42.55	\$45.90
EMPLOYEE + FAMILY	\$29.55	\$62.95	\$67.95

Rates available for ages 55+

To File a Claim Online, visit www.americanfidelity.com Use the AFmobile app or call AFA at 1-800-654-8489



Inpatient Benefit • Outpatient Benefit • Benefits Paid Directly to You • [Learn More »](#)

Hospital GAP PLAN Choice[®] Insurance

This is a supplemental limited benefit medical expense insurance policy. This product is inappropriate for people who are eligible for Medicaid coverage. This brochure highlights important features of the policy. Please refer to your certificate for complete details.



How Would You Cover Your Out-of-Pocket Costs??

CONSIDER THE FACTS



Hospital costs average \$2,447 per person per day.¹

American Fidelity's Hospital GAP

PLAN Choice® Insurance provides coverage for you and your family to help with your share of unforeseen medical expenses.

¹ AHRQ Healthcare Cost and Utilization Project, National Inpatient Sample as of November 10, 2017.

Rising health care costs can be a financial concern. *When faced with a hospital expense, how would you manage to pay your share, including the deductible and co-pays?* Hospital GAP PLAN Choice® Insurance can help!

American Fidelity Assurance Company's Hospital GAP PLAN Choice® Insurance is a supplemental, limited benefit medical expense policy that is designed to help pay the deductible and co-insurance when you or a family member are confined in the hospital.

See How the Plan Works!

Let's assume your major medical plan deductible is \$1,500 and your co-insurance is 80/20 with a total out-of-pocket maximum of \$2,500. Our hypothetical example is based on a \$2,000 Inpatient Benefit and \$800 for our Outpatient Benefit.

Example: Hospital Stay and Surgery, totaling \$10,000

Inpatient Benefit Payment Example*	Without Hospital GAP PLAN Choice® Insurance Coverage	WITH Hospital GAP PLAN Choice® Insurance Coverage
Deductible:	\$1,500	\$1,500
Coinsurance:	\$1,000	\$1,000
Total Out-of-Pocket:	\$2,500	\$2,500
Hospital GAP PLAN Choice® Insurance:	\$0	\$2,000
Your Out-of-Pocket Cost:	\$2,500	\$500

Example: One week of radiation, totaling \$10,000

Outpatient Benefit Payment Example*	Without Hospital GAP PLAN Choice® Insurance Coverage	WITH Hospital GAP PLAN Choice® Insurance Coverage
Deductible:	\$1,500	\$1,500
Coinsurance:	\$1,000	\$1,000
Total Out-of-Pocket:	\$2,500	\$2,500
Hospital GAP PLAN Choice® Insurance:	\$0	\$800
Your Out-of-Pocket Cost:	\$2,500	\$1,700

**These are hypothetical examples and are for illustrative purposes only.*

INPATIENT HOSPITAL BENEFIT

What it Covers:

- Inpatient hospital stays
- Inpatient surgery
- Physician expenses from inpatient stay
- Lab expenses from inpatient stay

How it Pays:

The Inpatient Hospital Benefit pays the difference between the actual hospital expenses you incur as an inpatient and the amount your primary medical plan covers.

OUTPATIENT BENEFIT

What it Covers:

- Treatment in a hospital emergency room
- Outpatient surgery
- Treatment in a hospital
- Free standing outpatient surgery center
- Outpatient diagnostic testing

Repeat visits for the same or related conditions will be subject to a single maximum outpatient benefit. After 90 consecutive days without a related condition, a new maximum outpatient benefit will apply.

How it Pays:

The Outpatient Benefit pays the difference between the actual outpatient expenses incurred and the amount paid by your primary medical plan.

PHYSICIAN OFFICE VISIT BENEFIT

What it Covers:

Qualified visits are for outpatient treatment due to sickness, or outpatient emergency care for an injury. The covered person must be covered by a primary medical plan, when such charges are incurred at a Hospital outpatient clinic, free-standing emergency care clinic, or Physician's office.

ADDITIONAL PLAN INFORMATION

Effective Date of Coverage:

This plan will take effect on the application's requested effective date, or on an adjusted effective date as assigned by American Fidelity upon application approval, whichever is later, if:

- underwriting rules are met;
- such person is on active employment;
- such person is covered under a Major Medical Plan; and
- premium has been paid.

Important Plan Details:

- Benefits are paid directly to you and you are responsible for paying the providers.
- The policy does not cover 100% of out-of-pocket costs.
- This is not Major Medical Coverage.
- This coverage cannot be used with a Health Savings Account.
- Actual expense means after any discounts or reductions take place as negotiated between the primary medical carrier and the service provider.

Coverage Available For:

- Employee
- Spouse, and/or
- Children

Your Maximum Reimbursement:

Benefit amounts available range from \$1,000 to \$7,500 per confinement for qualified out-of-pocket expenses for injury or sickness. Your reimbursement can not exceed the benefit amount you initially select under this plan.

How Long of a Hospital Stay is Required?

A hospital stay of 18 consecutive hours or over is considered an Inpatient Benefit. Anything under 18 hours is considered an Outpatient Benefit (see below).

Your Maximum Reimbursement:

- The plan covers qualified out-of-pocket expenses for injury or sickness (depending upon the plan selected) up to a maximum outpatient benefit of:
- \$400, \$800 or \$1,200 for outpatient surgery or treatment performed in a Hospital or a Free-Standing Outpatient Surgery Center;
- \$100, \$200 or \$300 for outpatient diagnostic testing procedure performed in a hospital or a Free-Standing Magnetic Resonance Imaging (MRI) Facility; or
- \$50, \$100 or \$150 for outpatient treatment in a Hospital Emergency Room, without the covered person subsequently being considered an inpatient.

How it Pays:

The Physician Outpatient Treatment Benefit provides reimbursements for physician visits at \$25.00 per visit, for up to five visits (\$125.00) per family per calendar year for out-of-pocket covered charges. See your certificate for benefit amounts

Plan Eligibility:

To be eligible for this coverage, you must be an active permanent full-time employee:

- Working 18 hours or more per week.
- Covered under another Major Medical Plan.
- Under the age of 70 (This limit does not apply if you work for an employer employing 20 or more employees on a typical work day in the preceding calendar year).

Hospital:

The term "Hospital" shall not include an institution, or part thereof, 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.

Benefits excluded or not covered:

Only charges approved by the group major medical carrier or the comprehensive carrier may be considered under this plan. If this plan is Employer Paid, the pre-existing condition exclusion will not apply. For a list of all exclusions, please refer to your certificate.

Exclusions include:

- suicide or any attempt, thereat, while sane or insane);
- any intentionally self-inflicted injury or sickness;
- rest care or rehabilitative care and treatment;
- routine newborn care during the initial hospital confinement period, including routine nursery charges;
- voluntary abortion except, with respect to you or your covered dependent spouse, where such person's life would be endangered if the fetus were carried to term or where medical complications have arisen from abortion;
- pregnancy of a dependent child;
- participation in a riot, civil commotion, civil disobedience, or unlawful assembly. This does not include a loss which occurs while acting in a lawful manner within the scope of authority;
- commission of a felony;
- participation in a contest of speed in power driven vehicles, parachuting, or hang gliding;
- air travel, except:
 - as a fare-paying passenger on a commercial airline on a regularly scheduled route; or
 - as a passenger for transportation only and not as a pilot or crew member;
- intoxication (Whether or not a person is intoxicated is determined and defined by the laws and jurisdiction of the geographical area in which the loss occurred.);
- alcoholism or drug use, unless such drugs were taken on the advice of a physician and taken as prescribed;
- sex changes;
- elective surgery, including complications of elective surgery;
- experimental treatment, drugs, or surgery;
- pre-existing conditions, unless the covered person has satisfied the 12-month pre-existing condition exclusion period; **"Pre-Existing Condition"** means a disease, Injury, Sickness, or physical condition for which the Covered Person: had treatment; incurred expense; took medication; or received a diagnosis or advice from a Physician, during the 12 month period of time immediately before the Covered Person's Effective Date of coverage. The term "Pre-Existing Condition" will also include conditions which are related to such disease, Injury, Sickness or physical condition. See rate insert for applicability.
- performance of military, naval, or air force service of any country;
- injury or sickness arising out of and in the course of any occupation for compensation, wage or profit (This does not apply to those sole proprietors or partners not covered by Workers' Compensation.);
- dental or routine vision services, unless:
 - resulting from an Injury occurring while the covered person's coverage is in force and if performed within 12 months of the date of such Injury; or
 - due to congenital disease or anomaly of a covered newborn child;
- routine examinations, such as health exams, periodic check-ups, or routine physicals;
- air or ground ambulance; or
- any expense for which benefits are not payable under the covered person's other medical plan.

The Hospital GAP PLAN Choice® Insurance policy may exclude expenses that are covered under the underlying major medical plan. In those instances, there may be out-of-pocket expenses that are not covered under Hospital GAP PLAN Choice® Insurance. Coverage will continue as long as the group policy remains in force, the premiums are paid and the insured remains eligible for coverage under the policy. Your coverage will end when you no longer qualify as an Insured, you retire, you are not on Active Service, or your coverage under Another Medical Plan ends. Your coverage can be terminated or premiums may be increased on any premium due date with 31 days advance notice.



View and print your policies plus file a claim at americanfidelity.com.

American Fidelity's Online Service Center provides you convenient, secure 24/7 access to manage your account or file a claim. All you need is the EOB (Explanation of Benefits) and itemized bill from your major medical provider!

This policy is endorsed/sponsored by an association or issued through a trust in which the employer is a member, is intended to be covered by ERISA, and will be administered and enforced in accordance with ERISA. If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary.

Marketed by:



Underwritten and administered by:

AMERICAN FIDELITY 
a different opinion

800-654-8489 • americanfidelity.com

Hospital GAP PLAN Choice[®] Insurance

Monthly Rates with PHYSICIAN OFFICE VISIT BENEFIT

VOLUNTARY INPATIENT HOSPITAL PLAN MAXIMUM

	Gap Choice Low Benefits				Gap Choice Middle Benefits				Gap Choice High Benefits					
	\$1,000	\$1,500	\$2,000	\$2,500	\$3,000	\$3,500	\$4,000	\$4,500	\$5,000	\$5,500	\$6,000	\$6,500	\$7,000	\$7,500
Under 55:														
Employee Only	\$21.60	\$26.60	\$31.60	\$35.70	\$49.10	\$54.40	\$58.60	\$62.70	\$77.80	\$79.90	\$83.10	\$86.20	\$89.40	\$92.50
Employee and Spouse	\$36.10	\$45.10	\$54.10	\$61.50	\$85.60	\$95.20	\$102.70	\$110.10	\$137.30	\$141.10	\$146.80	\$152.40	\$158.20	\$163.70
Employee and Child(ren)	\$32.60	\$40.60	\$48.60	\$55.20	\$76.60	\$85.10	\$91.80	\$98.40	\$122.60	\$125.90	\$131.00	\$136.00	\$141.10	\$146.10
Employee and Family	\$47.10	\$59.10	\$71.10	\$81.00	\$113.10	\$125.90	\$135.90	\$145.80	\$182.10	\$187.10	\$194.70	\$202.20	\$209.90	\$217.30
Ages 55-59:														
Employee Only	\$30.30	\$37.80	\$45.30	\$51.50	\$71.60	\$79.50	\$85.80	\$92.00	\$114.60	\$117.80	\$122.60	\$127.20	\$132.00	\$136.70
Employee and Spouse	\$51.80	\$65.30	\$78.80	\$89.90	\$126.10	\$140.30	\$151.70	\$162.80	\$203.50	\$209.30	\$217.90	\$226.20	\$234.80	\$243.30
Employee and Child(ren)	\$41.30	\$51.80	\$62.30	\$71.00	\$99.10	\$110.20	\$119.00	\$127.70	\$159.40	\$163.80	\$170.50	\$177.00	\$183.70	\$190.30
Employee and Family	\$62.80	\$79.30	\$95.80	\$109.40	\$153.60	\$171.00	\$184.90	\$198.50	\$248.30	\$255.30	\$265.80	\$276.00	\$286.50	\$296.90
Ages 60 and Over:														
Employee Only	\$47.70	\$60.20	\$72.70	\$83.00	\$116.50	\$129.70	\$140.20	\$150.50	\$188.20	\$193.50	\$201.50	\$209.20	\$217.20	\$225.00
Employee and Spouse	\$83.10	\$105.60	\$128.10	\$146.60	\$206.90	\$230.70	\$249.60	\$268.10	\$336.00	\$345.50	\$359.90	\$373.80	\$388.20	\$402.20
Employee and Children	\$58.70	\$74.20	\$89.70	\$102.50	\$144.00	\$160.40	\$173.40	\$186.20	\$233.00	\$239.50	\$249.40	\$259.00	\$268.90	\$278.60
Employee and Family	\$94.10	\$119.60	\$145.10	\$166.10	\$234.40	\$261.40	\$282.80	\$303.80	\$380.80	\$391.50	\$407.80	\$423.60	\$439.90	\$455.80
	Outpatient Benefits - Low				Outpatient Benefits - Middle				Outpatient Benefits - High					
Emergency Room	\$50.00				\$100.00				\$150.00					
Diagnostic X-Ray & Lab	\$100.00				\$200.00				\$300.00					
Outpatient Surgery	\$400.00				\$800.00				\$1,200.00					

Hospital GAP PLAN Choice[®] Insurance Premium \$ _____

Your Payroll Deduction Amount Per Paycheck is \$ _____

This is a supplemental limited benefit medical expense insurance policy. Pre-existing conditions will not be covered for the first 12 months from your effective date. This insert must be used in conjunction with SB-30111(FF) and any state specific deviations thereof. This brochure highlights important features of the plan. Please refer to your certificate for complete details. If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary. Rates are guaranteed not to increase during the initial term period. However, they will increase upon renewal. For actual benefits, limitations, exclusions and other provisions, please refer to the policy.

Marketed by:



Underwritten and administered by:



9000 Cameron Parkway • Oklahoma City, Oklahoma 73114 • 800-654-8489

www.americanfidelity.com

IDENTITY THEFT PROTECTION

iLock360 | www.ilock360.com | 1.855.287.8888

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

Highlights include:

- All employees eligible for Identity Theft Protection coverage
- Monitors your identity 24/7/365
- Personal email address required to sign up for this program
- Premium plan monitors all 3 credit bureaus

IDENTITY THEFT PROTECTION		
SEMI-MONTHLY	PLUS PLAN	PREMIUM PLAN
EMPLOYEE	\$4.00	\$7.50
EMPLOYEE + SPOUSE	\$7.50	\$11.00
EMPLOYEE + CHILD(REN)	\$6.50	\$10.00
EMPLOYEE + FAMILY	\$10.00	\$13.50

Visit the Employee Benefits Center and view policy for more details.

ffbenefits.ffga.com/sheldonisd

iLOCK360

Your identity is your most valuable asset. Is yours protected?



39 seconds is how often cyber-attacks occur

25% of kids are projected to be affected by identity theft before turning 18

17% increase in data breaches 2022 to 2023

Identity theft is the **fastest growing crime**. With iLOCK360, you can rest easier knowing you have experienced professionals in your corner restoring your identity. Your identity is more than simply reviewing your credit card charges. That's why we offer a comprehensive monitoring service of online activity, financial affairs, and immediate resolution.



Defend

Your personal information is monitored 24 / 7 / 365



Protect

Alerts inform you of potential threats for immediate action



Restore

iLOCK360 does the work to restore your identity

Sign up during enrollment

For educator pricing

Coverage plan	Plus	Premium
Employee	\$8	\$15
Employee + Spouse	\$15	\$22
Employee + Children	\$13	\$20
Employee + Family	\$20	\$27

Please note: A valid email address is required for enrollment in iLOCK360. All iLOCK360 alerts and/or notifications are sent via email. Consider utilizing an email address that you check regularly. · Account activation & setup of monitored elements is required upon the start of your new benefit plan year.

Learn more about the protections that iLOCK360 offers:

Plan features	Service description	Plus	Premium
Identity theft resolution services			
Full-Service Identity Theft Restoration & Lost Wallet Protection MOST VALUABLE SERVICE. Dependable help that's just a phone call away!	If your identity is compromised, a U.S.-based certified Identity Theft Restoration Specialist will work with you and on your behalf to restore your good name, so that you can get on with your life. All restoration activities can be completed for you, and your case will be managed until your identity is fully restored. Even pre-existing conditions can be dealt with. Restoration Specialists offer robust case knowledge in both credit and non-credit fraud situations and can help you with closing accounts, re-ordering cards, placing a fraud alert with each of the three credit bureaus, and removing fraudulent activity from your credit report.	 	 
\$1M Identity Theft Insurance	If you incur expenses associated with your identity theft recovery, you will be covered up to \$1M reimbursement (\$0 deductible). Covered costs include: <ul style="list-style-type: none"> • Lost wages or income • Attorney and legal fees • Expenses incurred for refinancing of loans, grants and other lines of credit • Costs of childcare and/or elderly care incurred as a result of identity restoration 		
Comprehensive identity monitoring			
CyberAlert™ monitors: <ul style="list-style-type: none"> • one Social Security Number • two Phone Numbers • two Email Addresses • five Credit/Debit Cards • two Medical ID Numbers • five Bank Accounts • one Drivers License Number • one Passport 	We scour Internet properties, including the Dark Web, as well as hacker websites, blogs, bulletin boards, peer-to-peer sharing networks and chat rooms to identify the illegal trading and selling of your personal information.	 	 
Change of Address Monitoring	A thief may try to establish "your" new identity by changing your address. Receive an alert if your mail is redirected through the USPS National Change of Address (NCOA) Registry.		
Court/Criminal Records Monitoring	Tracks municipal court systems and notifies you if a crime has been committed under your name and date of birth.		
Sex Offender Alerts	Keep your family safe with awareness of where registered sex offenders live in your immediate area. You'll also be notified when a new one moves to your area. As well as notifying you if someone registers as a sex offender in your name.		
Payday Loan Monitoring	Often times, these types of loans don't show up on your credit report until they have gone through collections which will be damaging to your credit report. High-interest, easy-to-obtain payday loans can negatively impact your credit score. We alert you if a non-credit loan been opened using your identity at a payday or quick cash loan provider.		
Social Security Number Trace	Provides you with a report of all names and/or aliases as well as current and reported addresses associated with your Social Security number. If there are findings that you don't recognize, this could be a sign of possible identity theft.	 	 
Credit monitoring services			
Daily Monitoring of Experian Credit Bureau	Provides credit protection with monitoring from Experian. Provides you with notifications for changes in a credit report such as loan data, inquiries, new accounts, judgments, liens and more.		
Daily Monitoring of Three Credit Bureaus	Provides higher-level credit protection with monitoring from all three credit bureaus: Experian, Equifax & TransUnion. Receive notifications for changes in your credit report such as loan data, inquiries, new accounts, judgments, liens and more.		
VantageScoreTracker	Receive a monthly report that helps you understand how your credit score has trended over time and what is impacting it with credit score insight.		

 adults
  Children to age 18
  adults
  Children to age 18

iLOCK360

Activation guide

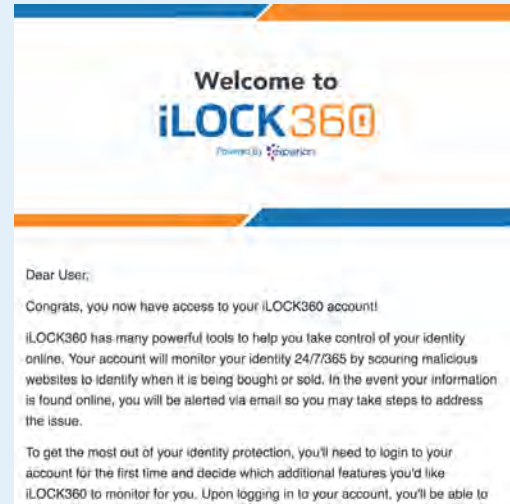


Welcome email

All iLOCK360 subscribers receive a Welcome Email on the first day of service.

This email explains how to access your iLOCK360 account and utilize the features included with your plan.

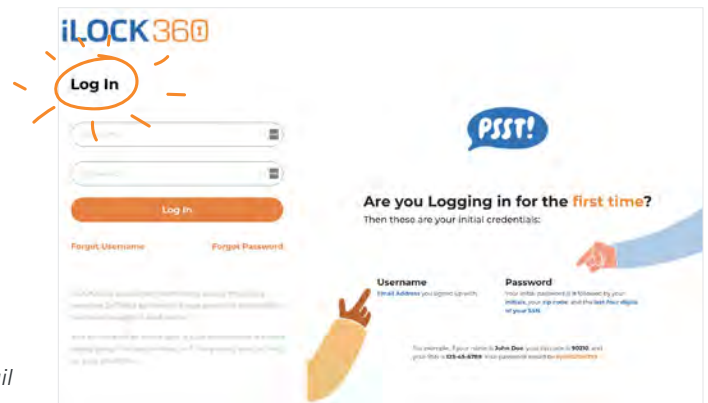
If you experience issues accessing your account, or you do not receive the Welcome Email, please contact iLOCK360: (855) 287-8888



Setting up your iLOCK360 account

1. Visit www.iLOCK360.com
2. Click "Log In"

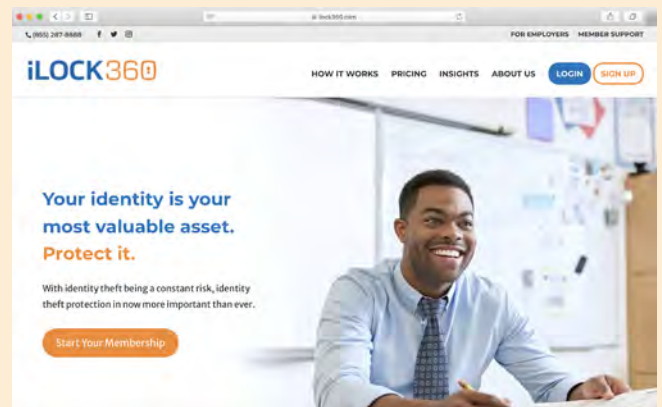
PLEASE NOTE: This information is also shared in the Welcome Email that is sent to you on the first day of service.



Initial login credentials

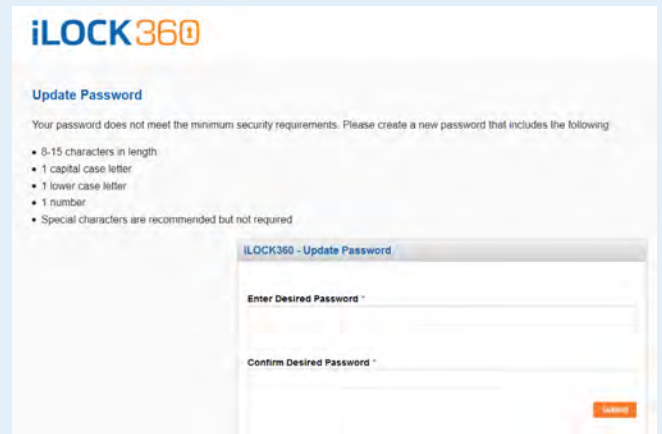
To access your iLOCK360 account for the first time you will use:

- **Username:** The email address you used to sign up for iLOCK360.
- **Password:** Your initial password is # followed by your first initial and then your second initial, followed by your zip code (provided during enrollment) and then lastly the last four digits of your Social Security Number.



Create an account password

- Once you login to your account for the first time, you will be prompted to create a password.
- We recommend you choose a password that is not used for any other accounts and is unique to you.



What is Knowledge Based Authentication?

These are questions that are derived from a composite of information pulled from commercially available data sources such as credit reporting agencies and public records.

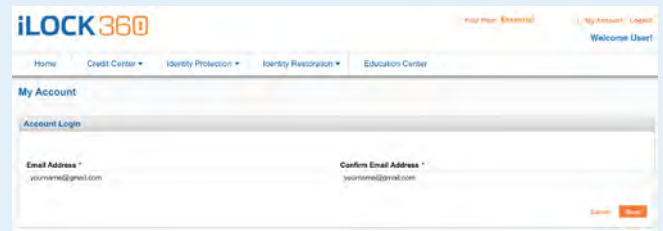
Identity verification process

- You **must complete** the Identity Verification Process in order to authenticate your account.
- iLOCK360 will ensure you are who you say you are by using an industry- standard procedure called "Knowledge Based Authentication."
- As a security precaution, you will be locked out of your account if any answer you provide is incorrect. If an account lockout occurs, you will need to contact iLOCK360 at (855) 287-8888



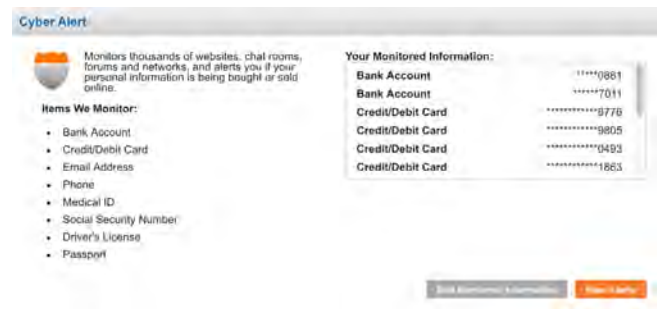
Preferred email address

- Your iLOCK360 account alerts and notifications will be sent to the email address you provided during your enrollment.
- Take a moment to consider which email address is best for you to receive your alerts in a timely fashion.



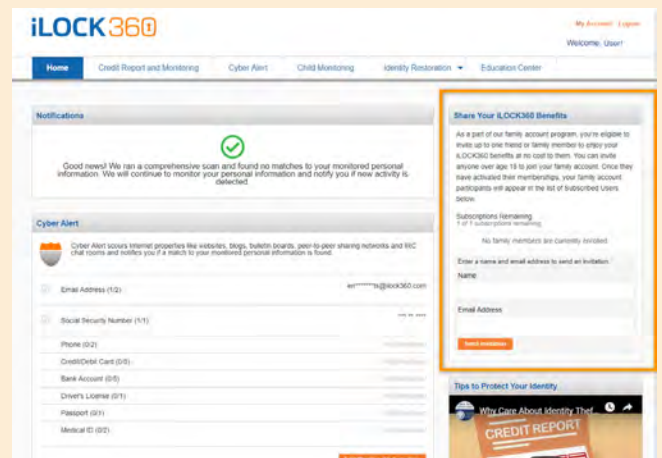
Update monitored information

- Take a moment to review all of the features included with your iLOCK360 plan.
- While logged into your account, add any additional information you want iLOCK360 to monitor.



How to setup a spouse account

- If you elected iLOCK360 coverage that includes your Spouse, you can send your Spouse an email invitation to setup their own account.
- Please note: Your Spouse will need to sign up using their own unique email address. iLOCK360 requires each login to use a unique email address.



We have officially launched our app

Download it on your phone today!



Here's how to get started:

Step 1

Go to the App Store on your device.



Step 2

Type iLOCK360 in the search bar.



Step 3

Once you click on the first option, you will see this screen. Press the GET button to download the application.



Step 4

Once the app is downloaded on your device, open it and use the same credentials you use on our website portal to sign in.



More account information

Adult subscribers

- All adult individuals will use their own Social Security Number, Date of Birth and email address in order to register their own account, not the Primary Employee's details.
- If you signed up for coverage that includes your Spouse, and can send them an invitation to setup their iLOCK360 account while you're logged into your own iLOCK360 account (see page 9 for details).

Minor dependents

- Minor dependents (under18) will be considered "activated" once their guardian whose plan they are under logs in and completes the Identity Verification Process. The child does not need to individually complete this process.
- Minor dependents do not have a "dashboard" due to COPPA laws, but will receive alerts at their parent's email address.
- The account holder (i.e. parent/guardian) can be assisted with Minor dependent alerts over the phone.
- When a Minor turns 18, they will no longer be eligible for coverage under this benefit enrollment election due to COPPA laws. They can contact iLOCK360 at (855) 287-8888 to create their own account.



LEGAL PLAN

MetLaw | www.legalplans.com | 1.800.821.6400

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

Highlights include:

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

LEGAL PLANS		
SEMI-MONTHLY PREMIUM	LOW PLAN	HIGH PLAN
EMPLOYEE + FAMILY	\$5.19	\$10.50

Visit the Employee Benefits Center and view policy for more details.

ffbenefits.ffga.com/sheldonisd

Legal Plans

Provides access to legal expertise for both expected and unexpected events.

Legal experts on your side, whenever you need them

Flexible plans for varied needs.

Our high-low plan enables you to choose the right plan to suit your needs and your budget. For **\$21.00 per month for our high plan**, or for **\$10.37 per month for our low plan**, you, your spouse and dependents, get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms, when using a network attorney for a covered matter. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.¹ And, for non-covered matters that are not otherwise excluded, this benefit, available through the high plan only, provides four hours of network attorney time and services per year.²

	High Plan	Low Plan
Money Matters	<ul style="list-style-type: none"> Debt Collection Defense Identity Theft Defense Negotiations with Creditors Promissory Notes Tax Collection Defense 	<ul style="list-style-type: none"> Identity Management Services³ Personal Bankruptcy Tax Audit Representation Triple Bureau Credit Monitoring³
Home & Real Estate	<ul style="list-style-type: none"> Deeds Eviction Defense Foreclosure Mortgages Security Deposit Assistance Tenant Negotiations 	<ul style="list-style-type: none"> Boundary & Title Disputes Property Tax Assessments Refinancing & Home Equity Loans Sale or Purchase of Home Zoning Applications
Estate Planning	<ul style="list-style-type: none"> Codicils Complex Wills Healthcare Proxies Living Wills Powers of Attorney (Healthcare, Financial, Childcare, Immigration) Simple Wills 	<ul style="list-style-type: none"> Revocable & Irrevocable Trusts
Family & Personal	<ul style="list-style-type: none"> Affidavits Conservatorship Demand Letters Garnishment Defense Guardianship Name Change Personal Properties Protection Protection from Domestic Violence Review of ANY Personal Legal Document School Hearings 	<ul style="list-style-type: none"> Adoption Immigration Assistance Juvenile Court Defense, Including Criminal Matters Parental Responsibility Matters Preuptial Agreement
Civil Lawsuits	<ul style="list-style-type: none"> Administrative Hearings Disputes Over Consumer Goods & Services Incompetency Defense 	<ul style="list-style-type: none"> Civil Litigation Defense Pet Liabilities Small Claims Assistance
Elder-Care Issues	<ul style="list-style-type: none"> Consultation & Document Review for Issues Related to Your Parents: <ul style="list-style-type: none"> Deeds Leases Medicaid Medicare 	<ul style="list-style-type: none"> Notes Nursing Home Agreements Powers of Attorney Prescription Plans Wills
Vehicle & Driving	<ul style="list-style-type: none"> Defense of Traffic Tickets⁴ Driving Privileges Restoration 	<ul style="list-style-type: none"> License Suspension Due to DUI Repossession

Estate planning at your fingertips

Our newly redesigned website provides you with the ability to create wills, living wills and powers of attorneys online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly.

- You will be responsible to pay the difference, if any, between the plan's payment and the out-of-network attorney's charge for services.
- No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.
- These benefits provide the Participant with access to LifeStages Identity Management Services and FraudScout Triple Bureau Credit Monitoring Services provided by CyberScout, LLC. CyberScout is not a corporate affiliate of MetLife Legal Plans.
- Does not cover DUI.

Group legal plans provided by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, RI. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife, its affiliates, or plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse/civil union partner or dependents, in which case services are excluded for the spouse/civil union partner and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark, and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. MetLife® is a registered trademark of Metropolitan Life Insurance Company, New York, NY.



Voluntary Retirement Plans



TCG Group Holdings | www.tcgservices.com | 1.800.943.9179

Research shows that Americans are living longer and their number of years in retirement is increasing. While your TRS pension may be enough to cover expenses during your initial retirement years, the reduced monthly income may not be sufficient for costly factors such as medical bills, taxes, and your desired standard of living. Contributing to a retirement savings plan can help supplement your pension during retirement. Most plans allow you to make adjustments to your contribution amount at any time.

HELP IS AVAILABLE

For assistance enrolling or if you'd like to speak with a Retirement Plan Specialist, please call the TCG Advisors Hotline at 512-600-5204 or visit www.tcgservices.com/open-enrollment.

457(b) RETIREMENT PLAN

457(b) is an employer-sponsored, voluntary retirement plan that allows you to save in a pre-tax (Traditional) account. Contributions to the plan are salary-deducted from your paycheck and automatically deposited into your 457(b) retirement savings account. Early withdrawals from a 457(b) account are not subject to a 10% percent excise tax. The 457(b) plan offers employees personalized guidance and flexible strategies to start the process of saving for retirement.

TCG delivers investment advice and plan administration solutions that are transparent and cost-effective. The plan does not have any surrender charges or penalties upon distribution. To get started, simply visit www.tcgservices.com/enroll and establish your account.

403(b) RETIREMENT PLAN

403(b) is a voluntary retirement plan that allows you to save money in a pre-tax (Traditional) account. Contributions to the plan are salary-deducted from your paycheck and automatically deposited into your 403(b) retirement savings account. Early withdrawals from a 403(b) account are subject to a 10% excise tax.

TCG is the 403(b) plan administrator managing your contributions, distributions, and personal updates. Money and investments are held with the vendor of your choice. To get started, visit www.tcgservices.com/documents and find your employer's 403(b) Approved Vendor List. Open an account by contacting one of the approved 403(b) providers directly. Next, register your access to your TCG 403(b) administration account and set up salary deferrals at www.tcgservices.com/enroll.

CONTRIBUTION LIMITS

In 2024, you can contribute 100 percent of your compensation up to \$23,000, whichever is less. If you are age 50 or older, you can contribute up to an additional \$7,500 for a total of \$30,500. You may simultaneously contribute to both 403(b) and 457(b) plans.

How to Enroll

Enroll Online Today!

www.tcgservices.com

Click **Enroll** (upper right-hand corner)

Enter your **Employer's Name**

Select **457(b) Savings Plan**

Follow the instructions to complete your enrollment.

If you need assistance accessing the plan, please contact TCG at (800) 943-9179 Monday – Friday, 8:00 a.m. – 7:00 p.m.

How Much May I Contribute?

You may contribute up to the IRS maximum contribution limit of \$23,500. If you are age 50 or over, you may contribute an additional \$7,500 (\$30,500 total)



Your decision to start now could help you accumulate more at retirement. Look at the difference you can make in your total potential account value by putting away just a few dollars more of your pay on a pre-tax basis.

Start Today!	Contribute \$200 Monthly	Contribute \$500 Monthly
Potential Account Value in 10 Years	\$31,634	\$79,085
Potential Account Value in 25 Years	\$131,675	\$329,187

This is a hypothetical illustration based on the following assumptions:

The indicated contribution rate remains constant through the period shown and earns a 6% rate of return, compounded annually.

All investments involve some degree of risk. The funds in your plan are offered by prospectus, which contains more information regarding the investment objectives, risk, and expenses associated with each fund. Please be sure to review the prospectus before deciding to invest.



ART

Active to Retirement Transitioning

HELPING YOU HAVE A SMOOTH
AND EASY TRANSITION



CONGRATULATIONS!

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

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

Retirement Planning

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

Health Insurance

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

Supplemental Benefits

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

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

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



Robert Dawson, Medicare
Coordinator
281-889-9382
robert.dawson@ffga.com |
www.ffga.com



403(b) vs 457(b) Plan Comparison

Feature	457(b)	403(b)
Contribution maximum limits (can contribute to both plans)	2024: \$23,000; \$30,500 age 50+	2024: \$23,000; \$30,500 age 50+
Retirement Contributions Tax Credit	Up to \$1,000 (\$2,000 if filing jointly)	Up to \$1,000 (\$2,000 if filing jointly)
Early withdrawal penalty tax	None	10% unless qualified exception
Investment options	Managed allocations or self-directed mutual funds.	Fixed/Variable interest annuities or mutual funds/custodial accounts
Employer Investment Oversight	Yes, managed by TCG Advisors and Investment Advisory Committee (comprised of superintendents & CFO's).	No
Distribution restrictions	Funds can be requested upon: <ul style="list-style-type: none"> o Age 59 1/2 o Separation from employer o Disability o Death o Unforeseeable emergency 	Funds can be requested upon: <ul style="list-style-type: none"> o Age 59 1/2 o Age 55 and/or leaving employer o Disability o Death o Financial hardship
Financial Hardship/Unforeseeable Emergency Distributions	Must be an unforeseeable Emergency. Can include the following criteria is met: <ul style="list-style-type: none"> o Medical expenses o Funeral expenses o Foreclosure/eviction o Certain hurricanes and natural disasters 	Qualified for the following causes: <ul style="list-style-type: none"> o Medical care o Foreclosure/eviction o Tuition payment o Buying a home o Funeral costs o Home repair costs o Disaster relief
Loans	Permitted; loans from all qualified plans limited to the lesser of 50,000 or 50% of vested account balance.	Permitted; loans from all qualified plans limited to the lesser of \$50,000 or 50% of vested account balance.
Required minimum distributions	RMD rules apply at age 72 or later, severance from service, or after death.	RMD rules apply at age 72 or later, severance from service, or after death

Have questions? We're here to help.

TeleWealth Virtual Assistance is available at www.region10rams.org/telewealth or by calling the TCG Advisor Hotline at 512-600-5204.



EMPLOYEE ASSISTANCE PROGRAM

The Standard | www.standard.com | 1.866.851.2429

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

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

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

Visit the Employee Benefits Center and view policy for more details.
ffbenefits.ffga.com/sheldonisd

A helping hand when you need it.



Rely on the support, guidance and resources of your Employee Assistance Program.

There are times in life when you might need a little help coping or figuring out what to do. Take advantage of the Employee Assistance Program,¹ which includes WorkLife Services and is available to you and your family in connection with your group insurance from Standard Insurance Company (The Standard). It's confidential – information will be released only with your permission or as required by law.



Connection to Resources, Support and Guidance

You, your dependents (including children to age 26)² and all household members can contact the program's master's-level counselors 24/7. Reach out through the mobile EAP app or by phone, online, live chat, and email. You can get referrals to support groups, a network counselor, community resources or your health plan. If necessary, you'll be connected to emergency services.

Your program includes up to six counseling sessions per issue. Sessions can be done in person, on the phone or through video.

EAP services can help with:

-  Depression, grief, loss and emotional well-being
-  Family, marital and other relationship issues
-  Life improvement and goal-setting
-  Addictions such as alcohol and drug abuse
-  Stress or anxiety with work or family
-  Financial and legal concerns
-  Identity theft and fraud resolution
-  Online will preparation and other legal documents



Contact EAP

877.851.1631
(TTY Services: 711)
24 hours a day,
seven days a week

healthadvocate.com/standard6

NOTE: It's a violation of your company's contract to share this information with individuals who are not eligible for this service.

With EAP, personal assistance is immediate, confidential and available when you need it.

WorkLife Services

WorkLife Services are included with the Employee Assistance Program. Get help with referrals for important needs like education, adoption, daily living and care for your pet, child or elderly loved one.

Online Resources

Visit healthadvocate.com/standard6 to explore a wealth of information online, including videos, guides, articles, webinars, resources, self-assessments and calculators.

¹ The EAP service is provided through an arrangement with Health AdvocateSM, which is not affiliated with The Standard. Health AdvocateSM is solely responsible for providing and administering the included service. EAP is not an insurance product and is provided to groups of 10–2,499 lives. This service is only available while insured under The Standard's group policy.

² Individual EAP counseling sessions are available to eligible participants 16 years and older; family sessions are available for eligible members 12 years and older, and their parent or guardian. Children under the age of 12 will not receive individual counseling sessions.

Standard Insurance Company | 1100 SW Sixth Avenue, Portland, OR 97204 | standard.com

The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of Portland, Oregon in all states except New York. Product features and availability vary by state and are solely the responsibility of Standard Insurance Company.

COBRA

First Financial Administrators, Inc. | www.ffga.com | 1.800.523.8422, option 4

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

HIGHLIGHTS

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

CONTACT INFORMATION

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CONTACTS

BENEFIT	CARRIER	WEBSITE	PHONE
Medical	BCBSTX	http://www.bcbstx.com/trsactivecare	866-355-5999
Dental	Ameritas	www.ameritas.com	800-487-5553
Vision	Ameritas	www.ameritas.com	800-487-5553
FSA/DCA/HSA	FFGA	www.ffga.com	866-853-3539
Term Life Insurance	The Standard	www.standard.com	866-851-2429
Permanent Life Insurance	Texas Life	www.texaslife.com	800-283-9233
Hospital Indemnity	Aetna	www.myaetnasupplemental.com	800-607-3366
Disability	AFA	www.americanfidelity.com	800-662-1113
Cancer	AFA	www.americanfidelity.com	800-662-1113
Critical Illness	Aflac	www.aflacgroupinsurance.com	800-992-3522
Accident	The Standard	www.standard.com	866-851-2429
GAP	AFA	www.americanfidelity.com	800-662-1113
Identity Theft Protection	iLock360	www.ilock360.com	855-287-8888
Legal	MetLaw	www.legalplans.com	800-821-6400
Voluntary Retirement	TCG	www.tcgservices.com	800-943-9179
EAP	The Standard	www.standard.com	866-851-2429
Cobra	FFGA	www.ffga.com	800-523-8422 Option 4