



# LAGO VISTA ISD EMPLOYEE BENEFITS GUIDE

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2020 Plan Year



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

Be sure to read the product descriptions carefully so you are well prepared before enrollment begins. If you have questions, feel free to reach out to your Taylor Silguero at 512-630-6654 or [Taylor.Silguero@ffga.com](mailto:Taylor.Silguero@ffga.com).

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Lago Vista ISD Benefits Office

8039 Bar-K Ranch Road, Lago Vista, TX 78645 | 512-267-8300

## ELIGIBILITY

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

## BENEFITS ENROLLMENT

### EMPLOYEE BENEFITS CENTER

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

### NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections. To do so please contact your First Financial representative, Taylor Silguero, at 512-630-6654 or [Taylor.Silguero@ffga.com](mailto:Taylor.Silguero@ffga.com).

### EXISTING EMPLOYEES

When it's time to enroll in your benefits, Taylor Silguero will be onsite to assist you with making your elections. 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. Please see the schedule below to see when Taylor will be on your campus.

DATE	CAMPUS	TIME
September 29, 2020	High School	8AM – 4PM
September 30, 2020	Middle School	8AM – 4PM
October 1, 2020	Intermediate	8AM – 4PM
October 2, 2020	Elementary	8AM – 4PM

## MID-YEAR BENEFIT CHANGES

You may add or cancel coverage during the plan year if you have a Qualified Life Event. **You must notify the benefits department within 31 days of the change.**

### QUALIFYING LIFE EVENTS INCLUDE:

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

## DECLINING COVERAGE

If you are eligible for benefits, but wish to DECLINE coverage, you must still complete your enrollment with Taylor and confirm you are declining.

# Dental Insurance



Ameritas | [www.ameritas.com](http://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. A range of procedures may be covered, such as:

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

DENTAL MONTHLY PREMIUMS		
	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$19.04	\$34.80
EMPLOYEE + 1	\$41.04	\$67.16
EMPLOYEE + FAMILY	\$68.08	\$115.24

**High Plan: Dental Plan Summary****Policy # 35521 Effective Date: 11/1/2020**

<b>Plan Benefit</b>	
Type 1	100%
Type 2	80%
Type 3	50%
<b>Deductible</b>	\$5/visit Type 1 \$50 Calendar Year Type 2,3 No Family Maximum
<b>Maximum (per person)</b>	\$1,000 per calendar year
<b>Allowance</b>	U&C
<b>Dental Rewards®</b>	Included
<b>Waiting Period</b>	None

**Orthodontia Summary - Adult and Child Coverage**

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$1,000
<b>Waiting Period</b>	12 months

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

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

**Monthly Rates**

<b>Employee Only (EE)</b>	\$34.80
<b>EE + 1 Dependent</b>	\$67.16
<b>EE + 2 or more Dependents</b>	\$115.24

**Ameritas Information****We're Here to Help**

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

**Rx Savings**

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To receive the Walmart Rx discount, Ameritas plan members just need to visit us at [ameritas.com](http://ameritas.com) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

**Eyewear Savings**

Ameritas plan members may receive up to 15% 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](http://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.

**Low Plan: Dental Plan Summary****Policy # 35521 Effective Date: 11/1/2019**

<b>Plan Benefit</b>	
Type 1	MCE
Type 2	MCE
Type 3	MCE
<b>Deductible</b>	\$5/visit Type 1 \$50 Calendar Year Type 2,3 No Family Maximum
<b>Maximum (per person)</b>	\$1,000 per calendar year
<b>Allowance</b>	MCE
<b>Waiting Period</b>	None

**Orthodontia Summary - Child Only Coverage**

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$750
<b>Waiting Period</b>	12 months

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

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

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**Rx Savings**

Our valued plan members and their covered dependents (even their pets) can save on prescription medications through any Walmart or Sam's Club pharmacy across the nation. This Rx discount is offered at no additional cost, and it is not insurance.

To receive the Walmart Rx discount, Ameritas plan members just need to visit us at [ameritas.com](http://ameritas.com) and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

# Vision Insurance



Eyetopia | [www.eyetopia.org](http://www.eyetopia.org) | 1-830-964-6444

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.

Lago Vista ISD provides you with a vision plan to take care of you and your family's needs. Here are just a few of the areas where you will save money with your plan:

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

VISION MONTHLY PREMIUMS		
	LOW PLAN (120/145)	HIGH PLAN (150/250)
EMPLOYEE ONLY	\$10.00	\$20.00
EMPLOYEE + 1	\$17.00	\$37.00
EMPLOYEE + 2 OR MORE	\$24.00	\$52.00

Eyetopia Benefits	
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.	
<b>Benefit One</b> <sup>2</sup> (choose either one of the following 2 options every 12 months):	<b>Co-pay</b> <sup>1</sup>
1. Refractive Exam. One routine Vision Exam.	\$10.00
2. \$45 allowance towards a medical eye exam copay or other services or materials. <sup>2</sup>	None
<b>Benefit Two</b> (choose only one of the following Vision Correction Options): Eyetopia provides you with 3 material options every 12 months. <sup>3</sup>	
<b>1a. Prescription Lenses (Not using Eyetopia Optics)</b> <sup>4</sup>	<b>Co-pay</b> <sup>1</sup>
Standard Prescription Lenses – covered 100%	\$20.00
◆ Non-coated CR-39 plastic single vision, bifocal, trifocal. Progressive no-line lenses (PAL) are covered up to \$120.00.	
◆ Polycarbonate upgrade <sup>6</sup>	\$35.00
◆ Basic Anti-Reflective Coating (Ultraviolet Protection & Scratch Resistant Coating)	\$25.00
◆ Mid-Level Anti-Reflective Coating	\$65.00
◆ Premium Anti-Reflective Coating	\$130.00
<b>1b. Prescription Lenses from Eyetopia Optics</b> <sup>4,5</sup>	
◆ Eyetopia Optics Standard single vision or bifocal flat top 28 lenses with a mid-level Anti-Reflective Coating. <sup>5</sup>	\$20
◆ Eyetopia Optics polycarbonate material and a mid-level AR Coating upgrade for child dependents (under age 26).	None
◆ Eyetopia Optics non-prescription anti-fatigue lenses.	None
◆ Eyetopia Optics high definition PAL or free form SV in CR-39 with a mid-level anti-reflective coating. <sup>5</sup>	\$65.00
◆ Eyetopia Optics premium blue light blocking, high definition PAL or SV in CR-39 with mid-level AR coating. <sup>5</sup>	\$105.00
◆ Eyetopia Optics photochromatic or polarized lenses	\$90.00
◆ Medically necessary spectacles for Aniseikonia or Amblyopia - \$400.00 lens allowance.	None
◆ Additional upgrade for lenses from any lab source; Tint (Solid and Gradient)	\$12.00
◆ <b>Frame:</b> The member may select any frame on display. Eyetopia provides an allowance of \$120.00 to be applied toward the frame selected. The member pays any amount exceeding the \$120.00 allowance.	None
<b>2. Contact Lens Option:</b> <sup>6</sup> Eyetopia provides a \$145.00 allowance to be applied toward prescription contact lenses.	\$20.00
◆ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses.	
◆ Medically necessary contact lenses - \$145.00 evaluation allowance and \$400.00 contact lens allowance. <sup>7</sup>	None
<b>3. Refractive Surgery Option.</b> <sup>8</sup> You may select refractive surgery instead of spectacles or contact lenses during each plan period. Eyetopia provides a \$350.00 per eye with contracted surgeons or a \$75.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care, for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	None

<sup>1</sup> The co-pay must be paid to the Participating Provider at the time of service.

<sup>2</sup> When Health Insurance Carriers offer a comprehensive medical eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.

<sup>3</sup> If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of three vision correction options every 12 months.

<sup>4</sup> Special Lens Materials and Non-covered Items: Photochromatic, polarized, ultra light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.

<sup>5</sup> Members can upgrade from standard non-coated lens to an Eyetopia Optics premium coated lenses at no charge. They can upgrade to an Eyetopia Optics high definition PAL or high definition single vision in CR-39 plastic for an additional \$65.00. A \$105.00 co-pay applies to premium blue light resistance lenses.

<sup>6</sup> If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.

<sup>7</sup> The Participating Provider must pre-authorize medical necessity.

<sup>8</sup> Non-covered Items and Exclusions – Facility fees, medications and enhancements or treatments related to complications. Access to surgeons must come by referral from a Primary Eye Care Provider who provides pre and post-op care and counseling.

### Exclusions & Limitations

**Included Services and/or Eye Wear.** Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia.

In-Network coverage is available through Participating Providers. Out of network services are not covered.

**Additional Professional Services and/or Vision Corrections.** The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.

Emp - \$10
E+1 - \$17
Fam - \$24



**Find us on Facebook.com/eyetopiaivision**

**For more information please contact customer service at (830) 964-6444 or toll free 800-662-8264  
Support@Eyetopia.org or www.Eyetopia.org**



<b>Eyetopia Benefits</b>	
Eyetopia provides two vision benefits each eligibility period. You may have the opportunity to maximize your Eyetopia benefits by coordinating benefits with your Health Insurance coverage.	
<b>BENEFIT ONE</b> <sup>2</sup> (choose either one of the following 2 options every 12 months):	<b>Co-pay</b> <sup>1</sup>
1. Refractive Exam. One routine vision exam.	\$5.00
2. \$65 allowance toward medical eye exam co-pay or other services or materials. <sup>2</sup>	None
<b>BENEFIT TWO</b> (choose only 1 of the following Vision Correction Options) Eyetopia provides you with 3 options for correcting your vision every 12 months. <sup>3</sup>	
<b>1a. Prescription Lenses (Not using Eyetopia Optics)</b> <sup>3,4</sup> Single vision, bifocal or trifocal lenses in polycarbonate, Trivex®, 1.60 or 1.67 index plastic that also include a basic anti-reflective coating are covered 100%. Progressive no-line lenses (PAL) are covered up to \$120.00.	<b>Co-pay</b> <sup>1</sup> None
• Mid-Level Anti-Reflective Coating - \$45.00 allowance	None
• Premium Anti-Reflective Coating - \$60.00 allowance	None
<b>1b. Prescription Lenses from Eyetopia Optics</b> <sup>3,4</sup> Bi-focal, Tri-focal, high definition single vision or Progressive (no line) lenses in polycarbonate, Trivex®, 1.60 or 1.67 index plastic with a mid-level <sup>5</sup> anti-reflective coating are covered 100%.	None
• Eyetopia Optics non-prescription anti-fatigue, anti-reflective lenses.	None
• Eyetopia Optics premium blue light blocking, high definition with premium anti-reflective coating.	\$50.00
• Eyetopia Optics photochromatic or polarized lenses.	\$90.00
• Medically necessary spectacles for Aniseikonia or Amblyopia - \$400.00 lens allowance.	None
Additional upgrade for lenses from any lab source: Tint (Solid and Gradient)	\$12.00
◆ <b>Frame:</b> The member may select any frame on display. Eyetopia provides an allowance of \$150.00 to be applied toward the frame selected. The member pays any amount exceeding the \$150.00 allowance.	None
<b>2. Contact Lens Option</b> Eyetopia provides a \$250.00 allowance to be applied toward prescription contact lenses. ◆ This allowance can be applied toward the contact lens fitting fee and all other charges including follow-up visits and contact lenses. <sup>6</sup>	None
◆ Medically necessary contact lenses - \$250.00 evaluation allowance and \$400.00 contact lens allowance. <sup>7</sup>	None
<b>3. Refractive Surgery Option.</b> <sup>8</sup> You may select refractive surgery instead of spectacles or contact lenses during each plan period. Eyetopia provides a \$500.00 per eye with contracted surgeons or a \$125.00 per eye allowance with non-contracted surgeons toward the fees for refractive surgery care, for the following procedures: LASIK, PRK, ICL or RLE. The member pays any amount exceeding the per eye allowance.	None

<sup>1</sup> The co-pay must be paid to the Participating Provider at the time of service.

<sup>2</sup> When Health Insurance Carriers offer a comprehensive medical eye exam it creates an overlap in benefits for Eyetopia Members. If this occurs, the Member may choose another option under Benefit One as described, no co-pay is required to exercise these other options.

<sup>3</sup> If your prescription has changed at least ½ diopter or your eye doctor recommends a change of lenses, you may select one of three vision correction options every 12 months.

<sup>4</sup> Special Lens Materials and Non-covered Items: Photochromatic, polarized, ultra light, premium PALs, rush service, service agreements, other special lens materials, oversize, other extras and any items not specifically mentioned above may be substituted provided the Member pays any amount exceeding the price of the covered benefit and the Participating Provider's usual and customary fees for the upgrade at the time of service.

<sup>5</sup> The charge for a premium anti-reflective coating is a \$65 co-pay plus the difference of the retail price of the mid-range anti-reflective coating and the premium coating.

<sup>6</sup> If the contact lens evaluation, fitting or dispensing service is performed and the Member decides to use their benefit toward an alternative vision correction option, the Member must pay the cost of the contact lens evaluation, fitting or dispensing service before another vision correction benefit option can be used.

<sup>7</sup> Total maximum benefit allowance is \$650.00. The Participating Provider must pre-authorize medical necessity.

<sup>8</sup> Non-covered Items and Exclusions – Facility fees, medications and enhancements or treatments related to complications.

### Exclusions & Limitations

**Included Services and/or Eye Wear.** Only those professional vision care services and/or vision correction options specifically referenced herein are included in the Eyetopia plan. In-Network coverage is available through Participating Providers. Out of network services are not covered.

**Additional Professional Services and/or Vision Corrections.** The member may select professional services and/or vision correction items not specifically referenced as included in Eyetopia. However, these services and/or items are the member's responsibility at the Participating Provider's (U&C) charge, payable at the time of service or of ordering.

Emp - \$20
E+1 - \$37
Fam - \$52

Find us on [facebook.com/eyetopiavision](https://www.facebook.com/eyetopiavision)



For more information please contact customer service at (830) 964-6444 or toll free 800-662-8264  
Support@Eyetopia.org or www.Eyetopia.org

# Flexible Spending Accounts



First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 1-866-853-3539

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

## HEALTHCARE FSA

A Health Flexible Spending Account (Health FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$500 roll-over option for your Health FSA plan. This option allows you the opportunity to roll over up to \$500 of unclaimed Health FSA funds into the following plan year. Keep in mind that balances more than \$500 will be forfeited under the use-it-or-lose-it rule.

**Your 2020 maximum contribution amount is \$2,750.**

### 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 so you don't have to spend money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

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

## 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 child care, 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.
- Contributions are not loaded upfront. 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 Medical FSA and/or a Dependent Care FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse, and eligible dependents that are at least 18 years old.

- **The IRS requires validation of most transactions for FSAs.** You must submit receipts for validation of expenses when requested. If you fail to substantiate by providing a receipt to First Financial within 90 days of the purchase or date of service your card will be suspended until the necessary, receipt or explanation of benefits from your insurance provider is received.
- **Dependent Care FSA Contributions are not loaded upfront.** Funds become available as contributions are made to your account.

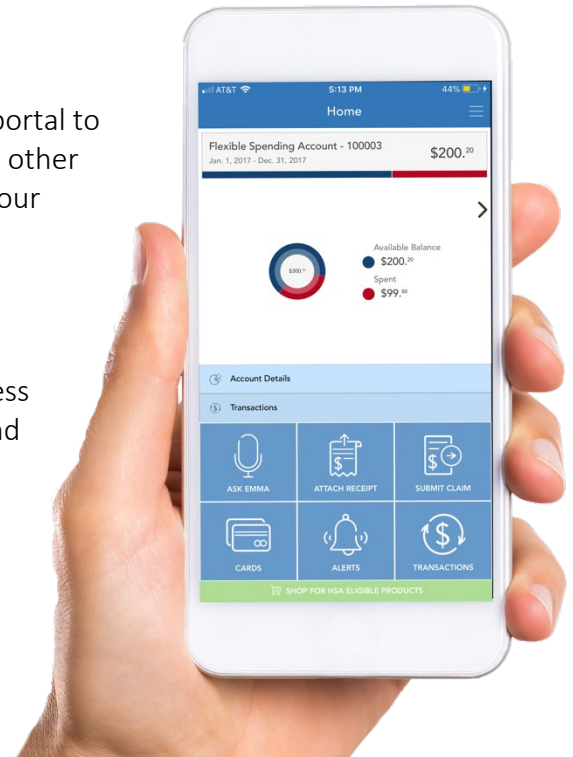
### ONLINE FSA PORTAL

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

### FF FLEX MOBILE APP

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

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



### FSA STORE

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

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

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

# Health Savings Accounts



First Financial Administrators, Inc. | [www.ffga.com](http://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. **You must be enrolled in the TRS ActiveCare High Deductible health plan to be eligible for an HSA.** An HSA allows you to set aside tax-free 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.

### HIGHLIGHTS

- Balances roll over from year to year and earn interest along the way.
- Portable – you keep it even after you leave employment.
- 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.

## HSA RESOURCES

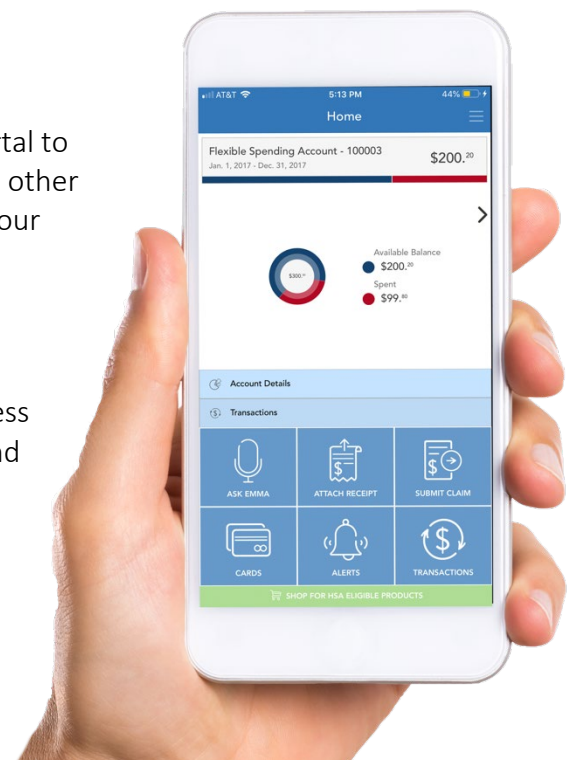
### ONLINE HSA PORTAL

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

### FF FLEX MOBILE APP

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

- Request distributions
- Invest in HSA funds
- Make additional contributions
- Pay a provider or pay yourself
- Download tax forms



## HSA STORE

First Financial has partnered with the HSA Store to bring you an easy to use online store to better understand and manage your HSA. An online marketplace that connects consumers to HSA-eligible products, seasonal deals, and account support resources such as a national database of providers as well as an HSA Learning Center.

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

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

# Life Insurance



Blue Cross Blue Shield | [www.bcbstx.com/ancillary](http://www.bcbstx.com/ancillary) | 972-766-6900

## EMPLOYER-PAID LIFE & AD&D INSURANCE

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Lago Vista ISD provides all eligible employees a \$15,000. The cost of this policy is paid for 100% by LVISD. This is a term life policy that is in effect only while you are employed with LVISD.

## VOLUNTARY TERM LIFE INSURANCE

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by Lago Vista ISD. It will cover you only while you are employed with LVISD and prices increase as you move to new age brackets. Limitations apply, please see policy for details. Visit the Employee Benefits Center for more details.

## PERMANENT, PORTABLE LIFE INSURANCE

Texas Life Insurance | [www.texlife.com](http://www.texlife.com) | 1-800-283-9233

Texas Life has over a century of experience protecting families and giving the peace of mind only permanent life insurance can provide. This permanent policy is a solid companion to your group life insurance plan. You can keep this coverage even if you leave LVISD and the price remains the same. It also has a Chronic Illness rider that allows you to receive a benefit up front in certain circumstances. Employee, spouse, children, and grandchildren are eligible to be covered under their own permanent policies.

### HIGHLIGHT

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

# LIFE INSURANCE YOU CAN KEEP!

PURELIFE-PLUS

Life insurance can be an ideal way to provide money for your family when they need it most. PURELIFE-PLUS offers permanent insurance with a high death benefit and long guarantees<sup>1</sup> that can provide financial peace of mind for you and your loved ones. PURELIFE-PLUS is an ideal complement to any group term and optional term life insurance your employer might provide and has the following features:



**IT'S AFFORDABLE  
YOU OWN IT**



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



**YOU PAY FOR IT  
THROUGH CONVENIENT  
PAYROLL DEDUCTIONS**



**YOU CAN COVER YOUR  
SPOUSE, CHILDREN AND  
GRANDCHILDREN, TOO<sup>2</sup>**



**YOU CAN GET A LIVING  
BENEFIT IF YOU BECOME  
TERMINALLY ILL<sup>3</sup>**



**YOU CAN GET CASH TO COVER  
LIVING EXPENSES IF YOU  
BECOME CHRONICALLY ILL<sup>4</sup>**

## 3 QUICK QUESTIONS

You can qualify by answering just 3 questions – 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?

1. After the guarantee period, premiums may go down, stay the same or go up.  
2. 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.  
3. Conditions apply.  
4. Chronic Illness Rider available for an additional cost for employees only. Conditions apply. Rider not available in CA. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15

Flexible Premium Adjustable Life Insurance to age 121. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. Some limitations apply. See the PureLife-plus brochure for details. Texas Life is licensed to do business in the District of Columbia and every state but New York.

19M016-C FFGA 1092 (exp0321)



# TEXASLIFE INSURANCE COMPANY

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

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

Issue Age	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									
Issue	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
15D-1										83
2-3										83
4-10										79
11-16										75
17-20		11.40	20.55	29.70	38.85	57.15	75.45	93.75	112.05	73
21-22		11.68	21.10	30.53	39.95	58.80	77.65	96.50	115.35	73
23-25		11.95	21.65	31.35	41.05	60.45	79.85	99.25	118.65	71
26		12.23	22.20	32.18	42.15	62.10	82.05	102.00	121.95	72
27		12.50	22.75	33.00	43.25	63.75	84.25	104.75	125.25	72
28		12.50	22.75	33.00	43.25	63.75	84.25	104.75	125.25	71
29		12.78	23.30	33.83	44.35	65.40	86.45	107.50	128.55	71
30-31		13.05	23.85	34.65	45.45	67.05	88.65	110.25	131.85	70
32		13.60	24.95	36.30	47.65	70.35	93.05	115.75	138.45	70
33		14.15	26.05	37.95	49.85	73.65	97.45	121.25	145.05	71
34		14.70	27.15	39.60	52.05	76.95	101.85	126.75	151.65	72
35		15.53	28.80	42.08	55.35	81.90	108.45	135.00	161.55	73
36		16.08	29.90	43.73	57.55	85.20	112.85	140.50	168.15	73
37		16.63	31.00	45.38	59.75	88.50	117.25	146.00	174.75	73
38		17.45	32.65	47.85	63.05	93.45	123.85	154.25	184.65	74
39		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	75
40	9.21	19.65	37.05	54.45	71.85	106.65	141.45	176.25	211.05	76
41	9.76	21.03	39.80	58.58	77.35	114.90	152.45	190.00	227.55	77
42	10.53	22.95	43.65	64.35	85.05	126.45	167.85	209.25	250.65	78
43	11.30	24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	80
44	12.07	26.80	51.35	75.90	100.45	149.55	198.65	247.75	296.85	81
45	12.95	29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	82
46	13.83	31.20	60.15	89.10	118.05	175.95	233.85	291.75	349.65	83
47	14.60	33.13	64.00	94.88	125.75	187.50	249.25	311.00	372.75	83
48	15.48	35.33	68.40	101.48	134.55	200.70	266.85	333.00	399.15	84
49	16.47	37.80	73.35	108.90	144.45	215.55	286.65	357.75	428.85	85
50	17.68	40.83	79.40	117.98	156.55					86
51	19.11	44.40	86.55	128.70	170.85					87
52	20.87	48.80	95.35	141.90	188.45					88
53	22.63	53.20	104.15	155.10	206.05					90
54	23.84	56.23	110.20	164.18	218.15					90
55	24.94	58.98	115.70	172.43	229.15					91
56	26.04	61.73	121.20	180.68	240.15					91
57	27.25	64.75	127.25	189.75	252.25					91
58	28.57	68.05	133.85	199.65	265.45					91
59	29.78	71.08	139.90	208.73	277.55					91
60	30.63	73.20	144.15	215.10	286.05					91
61	32.28	77.33	152.40	227.48	302.55					91
62	34.04	81.73	161.20	240.68	320.15					92
63	35.91	86.40	170.55	254.70	338.85					92
64	37.89	91.35	180.45	269.55	358.65					92
65	39.98	96.58	190.90	285.23	379.55					92
66	42.29									92
67	44.82									92
68	47.57									92
69	50.43									93
70	53.29									93

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

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

Issue Age	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	Includes Added Cost for Accidental Death Benefit (Ages 17-59)									
Issue	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000	\$35,000	\$40,000	\$45,000	\$50,000	
15D-1				8.00					13.75	83
2-3				8.25					14.25	83
4-10				8.50					14.75	79
11-16				8.75					15.25	75
17-20				10.75	12.45	14.15	15.85	17.55	19.25	73
21-22				11.00	12.75	14.50	16.25	18.00	19.75	73
23-25				11.25	13.05	14.85	16.65	18.45	20.25	71
26				11.50	13.35	15.20	17.05	18.90	20.75	72
27				11.75	13.65	15.55	17.45	19.35	21.25	72
28				11.75	13.65	15.55	17.45	19.35	21.25	71
29				12.00	13.95	15.90	17.85	19.80	21.75	71
30-31				12.25	14.25	16.25	18.25	20.25	22.25	70
32				12.75	14.85	16.95	19.05	21.15	23.25	70
33				13.25	15.45	17.65	19.85	22.05	24.25	71
34				13.75	16.05	18.35	20.65	22.95	25.25	72
35		9.60	12.05	14.50	16.95	19.40	21.85	24.30	26.75	73
36		9.90	12.45	15.00	17.55	20.10	22.65	25.20	27.75	73
37		10.20	12.85	15.50	18.15	20.80	23.45	26.10	28.75	73
38		10.65	13.45	16.25	19.05	21.85	24.65	27.45	30.25	74
39		11.25	14.25	17.25	20.25	23.25	26.25	29.25	32.25	75
40	8.65	11.85	15.05	18.25	21.45	24.65	27.85	31.05	34.25	76
41	9.15	12.60	16.05	19.50	22.95	26.40	29.85	33.30	36.75	77
42	9.85	13.65	17.45	21.25	25.05	28.85	32.65	36.45	40.25	78
43	10.55	14.70	18.85	23.00	27.15	31.30	35.45	39.60	43.75	80
44	11.25	15.75	20.25	24.75	29.25	33.75	38.25	42.75	47.25	81
45	12.05	16.95	21.85	26.75	31.65	36.55	41.45	46.35	51.25	82
46	12.85	18.15	23.45	28.75	34.05	39.35	44.65	49.95	55.25	83
47	13.55	19.20	24.85	30.50	36.15	41.80	47.45	53.10	58.75	83
48	14.35	20.40	26.45	32.50	38.55	44.60	50.65	56.70	62.75	84
49	15.25	21.75	28.25	34.75	41.25	47.75	54.25	60.75	67.25	85
50	16.35	23.40	30.45	37.50						86
51	17.65	25.35	33.05	40.75						87
52	19.25	27.75	36.25	44.75						88
53	20.85	30.15	39.45	48.75						90
54	21.95	31.80	41.65	51.50						90
55	22.95	33.30	43.65	54.00						91
56	23.95	34.80	45.65	56.50						91
57	25.05	36.45	47.85	59.25						91
58	26.25	38.25	50.25	62.25						91
59	27.35	39.90	52.45	65.00						91
60	28.05	40.95	53.85	66.75						91
61										91
62										92
63										92
64										92
65										92
66										92
67										92
68										92
69										93
70										93

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



# Disability Insurance



American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 1-800-654-8489

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

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

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



# Long-Term Disability Income Insurance Enhanced Plans

 **First  
Financial  
Group  
of America**  
*First in Service and Expertise*

**AMERICAN FIDELITY**   
a different opinion<sup>®</sup>

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

# Long-Term Disability Income Insurance

## Disability income insurance is here for you.

- **Salary Protection for You and Your Loved Ones**  
Provides a steady benefit to cover expenses while you are unable to work. The plan makes it easy to help protect your future income in case of a sudden injury or sickness.
- **Several Elimination Periods Available**  
Based on your individual need, there are various elimination periods for you to choose from. The plan pays a percentage of your gross monthly income once you have satisfied the elimination period.
- **Benefit Payments Made Directly to You**  
Your monthly benefit payments may be deposited directly into your bank account. This gives you the freedom to pay your living expenses and make other purchases as you see fit.
- **Social Security Filing Assistance**  
If we determine you are a likely candidate for social security disability benefits, we can assist you with the application and appeal process.

## Choose the Right Plan for You

### Benefits Begin

- Plan I** - On the 15th day of Disability due to a covered Injury or Sickness.
- Plan II** - On the 31st day of Disability due to a covered Injury or Sickness.
- Plan III** - On the 61st day of Disability due to a covered Injury or Sickness.
- Plan IV** - On the 91st day of Disability due to a covered Injury or Sickness.
- Plan V** - On the 151st day of Disability due to a covered Injury or Sickness.

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

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

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



In 2015, 77% of injuries requiring medical attention suffered by workers occurred off the job.



National Safety Council, Injury Facts, 2017 Edition, p. 63.

## Benefits Are Payable

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

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

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

**If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary.**

# Policy Provisions and Plan Features

## Eligibility

All permanent employees in subscribing group working 20 hours or more per week. Regarding your eligibility, we may require proof of good health and will rely on answers given on your application to determine if coverage can be issued. Regardless of your health at the time of application, if coverage is approved and issued, claims incurred while coverage is in force will be subject to all terms of the Policy including any Pre-Existing Condition limitation.

## When Coverage Begins

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

## Physician Expense Benefit

Injury - \$150.00 per Injury  
Sickness - \$50.00

If you need personal treatment by a Physician due to an Injury or Sickness, we will pay the amount shown above provided no other claim has been paid under the Policy. This benefit will be paid for Sickness only if the treatment is received during one full day of Disability during which you missed one full day of work. To be eligible for more than one payment for the same or related condition due to Sickness, you must have returned to work for at least 14 consecutive scheduled workdays. You are not required to miss one full day of work in order to receive the Injury benefit.

## Accidental Death Benefit

A lump sum of \$20,000 will be paid to your designated beneficiary if you die as the direct result of an injury within 90 days after the injury.

## Hospital Confinement Benefit

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

## Waiver of Premium

No premium payments are required while you are receiving payments under the plan after disability payments have been received for 180 consecutive days. We will require proof annually that you remain disabled during that time.

## Donor Benefit

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

## Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group disability income.
- Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your disability.
- State Disability.
- Unemployment compensation.
- Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 60 (Plans I, II, and III), 90 (Plan IV), and 150 (Plan V) 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

Your disability payment will be the disability benefit described in the benefit schedule less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

**Disability** or disabled for the first 12 months of disability means that you are unable to perform the material and substantial duties of your regular occupation. After that, disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

## Return To Work Incentives: Disabled and Working

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

### • Family Care Benefit

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

### • Worksite Accommodation

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

# Policy Benefit Limitations and Exclusions



## Mental Illness Limited Benefit

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

## Alcoholism and Drug Addiction Limited Benefit

If you are disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days for each disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for injury or sickness, it will be covered the same as any other sickness.

## Special Conditions Limited Benefit

If you are disabled due to special conditions and under the regular and appropriate care of a physician, benefits will be provided for up to 2 years. Special conditions 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 24 months.

Any increase in benefits will be subject to this pre-existing condition limitation. A new pre-existing condition period must be satisfied with respect to any increase applied for and approved by us.

**Pre-existing condition** means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12 month period immediately before your effective date of coverage. The term pre-existing condition will also include conditions which are related to such disease, injury, sickness, physical condition, or mental illness.

## Exclusions

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

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



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

LIMRA: 2015 Disability Insurance Awareness Month; May 2015.

# Benefit Policy Schedule

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

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

# Benefit Policy Schedule (continued)

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

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

# Benefit Riders and Limitations

## Hospital Indemnity Limited Benefit Rider

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

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

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

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

## Spousal Accident Only Disability Benefit Rider

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

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

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

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

## COBRA Funding Rider

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

### Summary of COBRA Funding Rider Benefits:

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

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

## Survivor Benefit Rider

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

### Summary of Survivor Benefit Rider Benefits:

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

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

## Critical Illness Benefit Rider

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

### Summary of Critical Illness Benefit Rider Benefits:

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

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



## 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 Rider will not be payable for any loss caused by or resulting from: (a) a Critical Illness when the Date of Diagnosis occurs during the Waiting Period; (b) a Critical Illness diagnosed outside of the United States; or (c) 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: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) 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: (a) Intentionally self-inflicted Injury while sane or insane; (b) An act of war, declared or undeclared; (c) Injury sustained or contracted while in the service

of the armed forces of any country; (d) Committing a felony; (e) 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; (f) 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; (g) Participation in any sport for wage or profit; (h) 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. 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.

### Survivor Benefit Rider

The Policy does not cover any loss, fatal or non-fatal, which results 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. American Fidelity will not pay benefits for Disability or any other loss for any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer; or 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. No Disability Payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

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.



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# Cancer Insurance



American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 1-800-654-8489

Thousands of Americans are diagnosed with cancer each day. No doubt, the news is devastating, both personally and financially. It's impossible to anticipate a cancer diagnosis, but it is possible to prepare for it with a cancer insurance plan.

It is likely that your major medical coverage will not cover all of 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.

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.

Ages	BASIC PLAN			ENHANCED PLAN		
	Employee Only	Employee + Children	Family	Employee Only	Employee + Children	Family
18-40	\$16.30	\$24.40	\$31.80	\$21.00	\$31.40	\$40.80
41-50	\$23.60	\$35.20	\$45.70	\$30.80	\$45.80	\$59.50
51-60	\$32.60	\$48.70	\$63.30	\$42.40	\$63.30	\$82.30
61+	\$44.20	\$65.90	\$85.80	\$57.30	\$85.60	\$111.30

# Critical Illness Insurance



Aflac | [www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.com) | 1- 800-433-3036

Not only does this plan cover cancer, it also covers heart attacks, strokes, kidney transplants, and major organ transplants. It's likely you or someone you know has experienced one of these life-altering events. Often times, a critical illness has a powerful impact on people's lives, affecting their livelihood and finances.

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

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

# Accident Insurance



American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 1-800-654-8489

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 MONTHLY PREMIUMS		
	BASIC	ENHANCED
EMPLOYEE ONLY	\$19.90	\$26.10
EMPLOYEE + SPOUSE	\$28.30	\$34.90
EMPLOYEE + CHILD(REN)	\$31.50	\$41.00
EMPLOYEE + FAMILY	\$39.90	\$49.80

# Medical Transport



MASA | [www.masamts.com](http://www.masamts.com) | 1-800-423-3226

Americans today suffer from a false sense of security that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that most medical plans will only pay a portion of costs leaving you with the remainder of the bill. There is also the possibility of your medical provider denying your claim altogether, which means you would be responsible for paying the entire bill.

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

MASA MONTHLY PREMIUMS		
	EMERGENCY PLUS	PLATINUM
EMPLOYEE ONLY	\$14.00	\$39.00
EMPLOYEE + FAMILY	\$14.00	\$39.00

# Telehealth



WellVia | [www.wellviasolutions.com](http://www.wellviasolutions.com) | 1-855-935-5842

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

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

WELLVIA MONTHLY PREMIUMS	
EMPLOYEE ONLY	\$9.00
EMPLOYEE + FAMILY	\$9.00

# Hospital Indemnity Insurance



Aflac | [www.aflacgroupinsurance.com](http://www.aflacgroupinsurance.com) | 1- 800-433-3036

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 Indemnity 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. With Hospital Indemnity Insurance, you can have peace of mind knowing that unexpected medical expenses will less of a financial burden for you and your family members. Visit the Employee Benefits Center and view policy for more details.

HOSPITAL INDEMNITY MONTHLY PREMIUMS		
	LOW PLAN	HIGH PLAN
EMPLOYEE ONLY	\$18.54	\$31.66
EMPLOYEE + SPOUSE	\$37.36	\$64.08
EMPLOYEE + CHILD(REN)	\$29.80	\$50.30
EMPLOYEE + FAMILY	\$48.62	\$82.72



A 457(b) plan is a Tax Deferred Retirement Plan available to employees of state and local governmental agencies, including public school employees. They are similar to 401k plans because they allow you to place a percentage of your salary into an employer-sponsored plan that helps you save for retirement.

## BENEFITS

- Investment options: fixed annuities, variable annuities, or mutual funds
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan
- No 10% federal penalty on interest or earnings for early withdrawal
- Ability to contribute pre-tax or post-tax

## CONTRIBUTION LIMITS

Participants may contribute up to \$19,500 for year 2020. Participants age 50 and older at any time during the calendar year are permitted to contribute an additional \$6,500 in 2020, for a total of \$26,000.

# 403(b) Retirement Plans



## HOW A 403(b) WORKS

Employees enroll and participate through their employer. Contributions to a 403(b) are made on a pre-tax or post-tax basis through a Salary Reduction Agreement. The amount by which the salary is reduced is directed to the investment company **selected by the employee**.

## BENEFITS

- Investment options: fixed annuities, variable annuities, or mutual funds
- Competitive interest rates
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan.

## CONTRIBUTION LIMITS

Participants may contribute up to \$19,500 for year 2020. Participants age 50 and older at any time during the calendar year are permitted to contribute an additional \$6,500 in 2020, for a total of \$26,000.

# Clever RX



Clever RX | <https://partner.cleverrx.com/ffga> | 1-800-873-1195

Clever RX helps you save money by using a prescription drug savings card. It helps you save up to 80% off prescriptions drugs and often beats the average copay. **Plus, it's completely free to use.**

## HIGHLIGHTS

- Unlock discounts on thousands of medications.
- Save up to 80% on prescription medication – Often beats your copay!
- Download the Clever RX app at <https://partner.cleverrx.com/ffga> and use the information on your card below to unlock exclusive savings at over 60,000 pharmacies nationwide.

C L E V E R **RX** PRESCRIPTION SAVINGS CARD C L E V E R **RX** CLEVERRX.COM

**SAVE UP TO 80%** on prescription drugs at virtually all U.S. pharmacies!

**BIN: 610378**  
**PCN: SC1**  
**Group: 1062**  
**Member ID: 1000**

For even greater savings,  
download the app for **FREE!**

Download on the **App Store** **GET IT ON Google play**

**Pharmacist Help Line: 800-974-3135**  
**Customer Help Line: 800-873-1195**

**THIS CARD IS NOT INSURANCE**

This card valid exclusively at CVS, Target, Longs Drugs, Walmart, Kroger, Fry's, Harris Teeter, Walgreens, and Duane Reade. For thousands more pharmacies, download the **Clever RX App**.

# CONTACT INFORMATION



## LAGO VISTA ISD BENEFITS OFFICE

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Lago Vista, TX 78645

512-267-8300

<http://www.lagovistaisd.net/>

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## EMPLOYEE BENEFITS CENTER – [benefits.ffga.com/lagovistaisd](https://benefits.ffga.com/lagovistaisd)

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