

ELGIN ISD 2023-2024 **BENEFITS GUIDE**



Edith Bergman, Account Executive
First Financial Group of America
<https://ffbenefits.ffga.com/elginisd/>

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

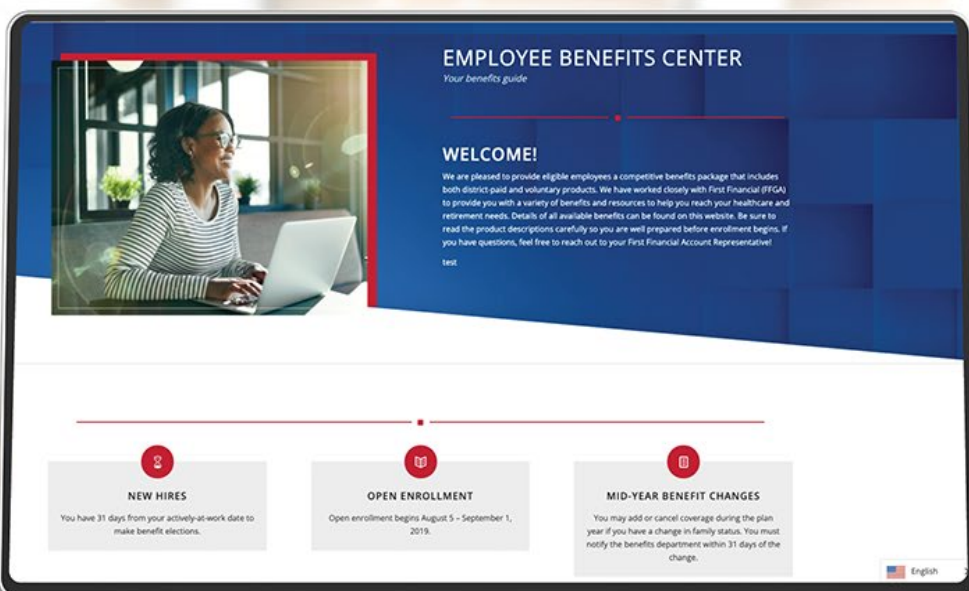
EMPLOYEE BENEFITS CENTER

YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

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

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

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



CONTACT INFORMATION

ELGIN ISD BENEFITS OFFICE

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(512) 285-9200
HC@elginisd.net

www.elginisd.net

FIRST FINANCIAL GROUP OF AMERICA

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FIRST FINANCIAL GROUP OF AMERICA

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512-461-6794 / sherry.skidmore@ffga.com

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

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/elginisd> today!

HOW TO ENROLL

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

BEGIN ELECTIONS

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

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.

ELIGIBILITY

ELIGIBILITY

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

NEW EMPLOYEES

You have 31 days from your hire date to make benefit elections.

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.

MID-YEAR BENEFIT CHANGES

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

QUALIFYING LIFE EVENTS INCLUDE:

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

DECLINING COVERAGE

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

SECTION 125 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.*

DENTAL INSURANCE

Metlife | www.metlife.com | 1.800.438.6388

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 SEMI-MONTHLY PREMIUMS		
	LOW	HIGH
EMPLOYEE ONLY	\$6.30	\$14.96
EMPLOYEE + SPOUSE	\$14.04	\$32.59
EMPLOYEE + CHILD(REN)	\$20.79	\$43.04
EMPLOYEE + FAMILY	\$29.11	\$59.39

*** Metlife DHMO Dental is Closed to new enrollees ***

METLIFE DHMO DENTAL SEMI-MONTHLY PREMIUMS	
	BASIC
EMPLOYEE ONLY	\$6.60
EMPLOYEE + SPOUSE	\$12.53
EMPLOYEE + CHILD(REN)	\$13.19
EMPLOYEE + FAMILY	\$20.45



Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Elgin Independent School District Low Dental Plan

Network: PDP Plus

	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of Maximum Allowable Charge [*]
Coverage Type		
Type A: Preventive (cleanings, exams, X-rays)	100%	100%
Type B: Basic Restorative (fillings, extractions)	50%	50%
Deductible[†]		
Individual	\$50	\$50
Annual Maximum Benefit		
Per Person	\$1,000	\$1,000

Child(ren)'s eligibility for dental coverage is from birth up to age 26 and unmarried.

¹ "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

² Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

^{*} Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.

[†] Applies to Type B Services.

List of Primary Covered Services & Limitations

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Plan Type	How Many/How Often
Type A — Preventive	
Prophylaxis (cleanings)	1 time in 6 months
Oral Examinations	1 time in 6 months
Topical Fluoride Applications	One fluoride treatment per 12 months or dependent children up to his/her 15th birthday
X-rays	<ul style="list-style-type: none"> Full mouth X-rays; one per 5 calendar years Bitewings X-rays; one set per 12 months year
Sealants	One application of sealant material per lifetime for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 15th birthday
Type B — Basic Restorative	
Fillings	1 replacement per surface in 24 months
Simple Extractions	
Space Maintainers	Space maintainers for a Child under age 14 once per lifetime per tooth area.

The service categories and plan limitations shown above represent an overview of your plan benefits. This document presents the majority of services within each category but is not a complete description of the plan.

Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Elgin Independent School District- High Dental Plan

Network: PDP Plus

	In-Network ¹ % of Negotiated Fee ²	Out-of-Network ¹ % of Maximum Allowable Charge*
Coverage Type		
Type A: Preventive (cleanings, exams, X-rays)	100 %	100 %
Type B: Basic Restorative (fillings, extractions)	80%	80%
Type C: Major Restorative (bridges, dentures)	50%	50%
Type D: Orthodontia	50%	50%
Deductible†		
Individual	\$50	\$50
Family	None	None
Annual Maximum Benefit		
Per Person	\$1,500	\$1,500
Orthodontia Lifetime Maximum		
Per Person***	\$1,000	\$1,000

Child(ren)'s eligibility for dental coverage is from birth up to age 26 and unmarried.

¹ "In-Network Benefits" refers to benefits provided under this plan for covered dental services that are provided by a participating dentist. "Out-of-Network Benefits" refers to benefits provided under this plan for covered dental services that are not provided by a participating dentist.

² Negotiated fees refer to the fees that participating dentists have agreed to accept as payment in full for covered services, subject to any copayments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.

*Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.

†Applies only to Type B & C Services.

*** Orthodontia for adults and dependent children up to age 26.

Dental Insurance

Coverage that helps makes it easier to visit a dentist and helps lower your dental costs.

Elgin Independent School District- High Dental Plan

List of Primary Covered Services & Limitations

The service categories and plan limitations shown represent an overview of your Plan Benefits. This document presents the majority of services within each category, but is not a complete description of the Plan.

Plan Type	How Many/How Often
Type A — Preventive	
Prophylaxis (cleanings)	Once every 6 months
Oral Examinations	Once every 6 months
Topical Fluoride Applications	One fluoride treatment in 12 months for dependent children up to his/her 15th birthday
X-rays	<ul style="list-style-type: none"> • Full mouth X-rays; one per 5 years • Bitewings X-rays; one set every 12 months
Sealants	One application of sealant material every 5 years for each non-restored, non-decayed 1st and 2nd molar of a dependent child up to his/her 15th birthday
Type B — Basic Restorative	
Fillings	One replacement per surface in 24 months or new surface of decay
Simple Extractions	
Endodontics	Root canal treatment limited to once per tooth
Periodontics	<ul style="list-style-type: none"> • Periodontal scaling and root planing once per quadrant, every 24 months • Periodontal surgery once per quadrant, every 36 months • Total number of periodontal maintenance treatments and prophylaxis cannot exceed two treatments in a year less the number of teeth cleanings received during such 1 year period
Space Maintainers	Space maintainers for dependent children up to his/her 14th birthday.
Type C — Major Restorative	
Denture and Bridge Repair/ Recementations	Simple repair of Cast Restorations or Dentures other than recementing, but not more than once in a 24 month period.
Oral Surgery	As needed
Implants	Replacement once every 10 years
Bridges and Dentures	<ul style="list-style-type: none"> • Initial placement to replace one or more natural teeth, which are lost while covered by the plan • Dentures and bridgework replacement; one every 10 years • Replacement of an existing temporary full denture if the temporary denture cannot be repaired and the permanent denture is installed within 12 months after the temporary denture was installed
Crowns, Inlays and Onlays	Replacement once every 10 years
General Anesthesia	When dentally necessary in connection with oral surgery, extractions or other covered dental services

Dental PPO Benefits

Opportunity to reduce your out-of-pocket costs for dental check-ups and procedures.

Know what your plan covers...

Dental insurance pays a portion of the costs associated with dental care. Different plans pay different percentages for procedures across these three standard service types.

 <p>Preventive care*</p> <p>cleanings and exams</p> <p><small>*Subject to frequency limits.</small></p>	 <p>Basic care</p> <p>X-rays and fillings</p>	 <p>Major care</p> <p>crowns and root canals</p>
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Your benefit in action

Take advantage of how simple and easy it is to use Dental Insurance:

Look for participating dentists with pre-negotiated fees online at [metlife.com](https://www.metlife.com) or choose any non-participating general dentist or specialist.



MetLife's Mobile App⁴ is available on the App Store and Google Play.



After downloading, you can use it to find a dentist, view your claims, access your ID card, and more.

Please scan the QR code to access the Mobile App or visit [metlife.com/dental](https://www.metlife.com/dental). Enter your ZIP code and select the PDP Plus network.



Premiums will be conveniently paid through payroll deduction. So you don't have to worry about writing a check or missing a payment.

You'll only be charged the co-pay listed on your insurance card when you visit the dentist.



Dentists may submit claims for you, which means you have little or no paperwork.

Track claims online and even receive email alerts once claim has been processed. Find claim forms at [metlife.com/mybenefits](https://www.metlife.com/mybenefits) or call **1-800-GET-MET8**.



To visit [metlife.com/mybenefits](https://www.metlife.com/mybenefits) scan the following:



Enroll in MetLife Dental during annual enrollment.

Benefit Identification (ID) Cards

Below are your benefit ID cards. You are not required to show your card as proof of coverage, but we've provided them for your convenience. You can also view your ID card on the MetLife mobile app.¹ Search "MetLife" at iTunes App Store or Google Play to download the app.²

Front	Back
<p>PDP PLUS NETWORK</p> <p>Employee Name _____</p> <p>Elgin ISD _____ 233911</p> <p>Group Name _____ Group Number _____</p> <p>This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.</p> <p> MetLife</p>	<p>www.metlife.com/mybenefits</p> <ul style="list-style-type: none"> • Locate a participating dentist. • Verify eligibility and plan design information. • Review claim status and claim history for your entire family. • View and print processed claims with one click. • Obtain claims forms and educational information (including interactive risk assessment). • Get instant answers to Frequently Asked Questions. • Access trained customer service representatives. <p>1 800 GET-MET 8 (1-800-438-6388)</p> <ul style="list-style-type: none"> • Virtually 24 hours a day, 7 days a week call to confirm eligibility, order claim forms or request dentist directories. • Monday–Friday, 8 a.m. to 11 p.m. EST, call to speak with a live customer service representative. • MetLife Dental Claims, P.O. Box 981282, El Paso, TX 79998-1282. • For International Dental Travel Assistance call 1-312-356-5970 (collect).
<p>PDP PLUS NETWORK</p> <p>Employee Name _____</p> <p>Elgin ISD _____ 233911</p> <p>Group Name _____ Group Number _____</p> <p>This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.</p> <p> MetLife</p>	<p>www.metlife.com/mybenefits</p> <ul style="list-style-type: none"> • Locate a participating dentist. • Verify eligibility and plan design information. • Review claim status and claim history for your entire family. • View and print processed claims with one click. • Obtain claims forms and educational information (including interactive risk assessment). • Get instant answers to Frequently Asked Questions. • Access trained customer service representatives. <p>1 800 GET-MET 8 (1-800-438-6388)</p> <ul style="list-style-type: none"> • Virtually 24 hours a day, 7 days a week call to confirm eligibility, order claim forms or request dentist directories. • Monday–Friday, 8 a.m. to 11 p.m. EST, call to speak with a live customer service representative. • MetLife Dental Claims, P.O. Box 981282, El Paso, TX 79998-1282. • For International Dental Travel Assistance call 1-312-356-5970 (collect).

1. Certain features of the MetLife Mobile App are not available for all MetLife Dental Plans.
2. Before using the MetLife Mobile App, you must register at metlife.com/mybenefits from a computer. Registration cannot be done from your mobile device.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force.

Please contact MetLife or your plan administrator for complete details.

VISION INSURANCE

Metlife | www.metlife.com | 1.800.438.6388

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 SEMI-MONTHLY PREMIUMS	
VSP CHOICE PLAN	
EMPLOYEE ONLY	\$4.84
EMPLOYEE + FAMILY	\$11.12



Vision Plan Summary

Metropolitan Life Insurance Company

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision provider and receive coverage. Just remember your benefit dollars go further when you stay in network.
- Choose from a large network of ophthalmologists, optometrists and opticians, from private practices to retailers like Costco® Optical, Walmart, Sam's Club and Visionworks.

In-network value added features:

Additional lens enhancements: In addition to standard lens enhancements, enjoy an average 20-25% savings on all other lens enhancements.¹

Savings on glasses and sunglasses: Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.¹

Laser vision correction:² Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

In-network benefits

There are no claims for you to file when you go to a participating vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

	Frequency
Eye exam	Once every 12 months

- Eye health exam, dilation, prescription and refraction for glasses:
- Covered in full after a \$10 copay.
- Retinal imaging: Up to a **\$39** copay on routine retinal screening and not available at all provider locations- contact your in-Network Vision Provider.

Frame	Once every 12 months
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- Allowance: **\$130** after **\$10** eyewear copay.
- Costco, Walmart and Sam's Club: **\$70** allowance after **\$10** eyewear copay. You will receive an additional **20%** savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco, Walmart and Sam's Club.

Standard corrective lenses	Once every 12 months
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- Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after **\$10** eyewear copay.

Standard lens enhancements¹	Once every 12 months
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- Standard Polycarbonate (child up to age 18), **Ultraviolet (UV) coating:** Covered in full after **\$10** eyewear copay.
- Solid or Gradient Tints, Anti-reflective, Photochromic: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at metlife.com/mybenefits.

Contact lenses (instead of eyeglasses)	Once every 12 months
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- Contact fitting and evaluation: Copay not to exceed **\$60**
- Elective lenses: **\$130** allowance
- Necessary lenses: Covered in full after material copay.

Second Pair

This benefit gives you additional eyewear coverage. You can get:

- Two pairs of prescription eyeglasses, or
- One pair of prescription eyeglasses and an allowance toward contact lenses, or
- Double your contact lens allowance

We're here to help

Find a Vision provider at
www.metlife.com/vision

Download a claim form at
www.metlife.com/mybenefits

For general questions go to
www.metlife.com/mybenefits
or call 1-855-MET-EYE1
(1-855-638-3931)

IMPORTANT RATE INFORMATION

Semi-Monthly Premium Payment	
Employee	\$4.84
Employee + Family	\$11.12



Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **In-network benefits** apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

• Eye exam: up to \$45	• Single vision lenses: up to \$30	• Progressive lenses: up to \$50
• Frames: up to \$70	• Lined bifocal lenses: up to \$50	
• Contact lenses:	• Lined trifocal lenses: up to \$65	
• Elective up to \$105	• Lenticular lenses: up to \$100	
• Necessary up to \$210		

Benefit Identification (ID) Cards

Below are your benefit ID cards. You are not required to show your card as proof of coverage, but we've provided them for your convenience. You can also view your ID card on the MetLife mobile app.¹ Search "MetLife" at iTunes App Store or Google Play to download the app.²

Front	Back
<p>Vision Identification Card</p> <p>Employee Name _____</p> <p>Elgin ISD _____ 233911 _____</p> <p>Group Name _____ Group Number _____</p> <p>This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.</p> <p> MetLife</p>	<p>www.metlife.com/mybenefits</p> <ul style="list-style-type: none">• Locate a participating eye doctor or print your ID card.• Review benefits information and past services.• Obtain claims forms and educational information.• Providers: Check eligibility through eyefinity.com or call 1-800-615-1883.• Retail chain locations: Check eligibility through 2020source.com or call 1-866-773-3260. <p>1-855-MET-EYE1</p> <p>TDD/TTY for the hearing impaired: 1-800-428-4833</p> <ul style="list-style-type: none">• Call Monday–Friday, 8 a.m. to 11 p.m. EST, Saturday–Sunday, 10 a.m. to 11 p.m. EST, to speak with a customer service representative.• MetLife Vision; P.O. Box 385018; Birmingham, AL 35238-5018.
<p>Vision Identification Card</p> <p>Employee Name _____</p> <p>Elgin ISD _____ 233911 _____</p> <p>Group Name _____ Group Number _____</p> <p>This card is not a guarantee of coverage or eligibility. See reverse side for important plan information.</p> <p> MetLife</p>	<p>www.metlife.com/mybenefits</p> <ul style="list-style-type: none">• Locate a participating eye doctor or print your ID card.• Review benefits information and past services.• Obtain claims forms and educational information.• Providers: Check eligibility through eyefinity.com or call 1-800-615-1883.• Retail chain locations: Check eligibility through 2020source.com or call 1-866-773-3260. <p>1-855-MET-EYE1</p> <p>TDD/TTY for the hearing impaired: 1-800-428-4833</p> <ul style="list-style-type: none">• Call Monday–Friday, 8 a.m. to 11 p.m. EST, Saturday–Sunday, 10 a.m. to 11 p.m. EST, to speak with a customer service representative.• MetLife Vision; P.O. Box 385018; Birmingham, AL 35238-5018.

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Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force.

Please contact MetLife or your plan administrator for complete details.

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 2023 is \$3,050.

Your minimum contribution amount is \$300.

Health Plans Must Cover OTC COVID-19 Tests

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

HIGHLIGHTS

- Contributions are automatically deducted from your paycheck on a pre-tax basis, which helps reduce your taxable income and increase your spendable income.
- Your full election will be available to you at the beginning of the plan year.
- 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 run-off or grace period.

FSA RESOURCES

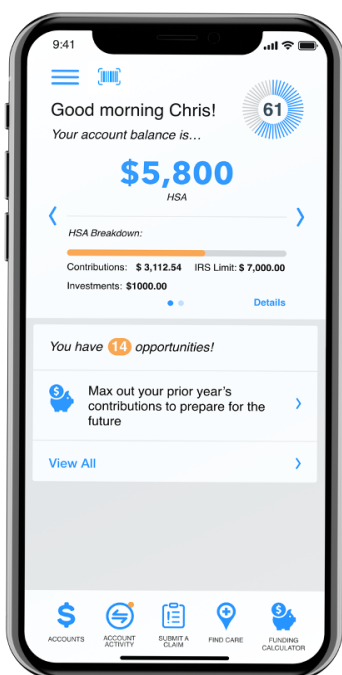
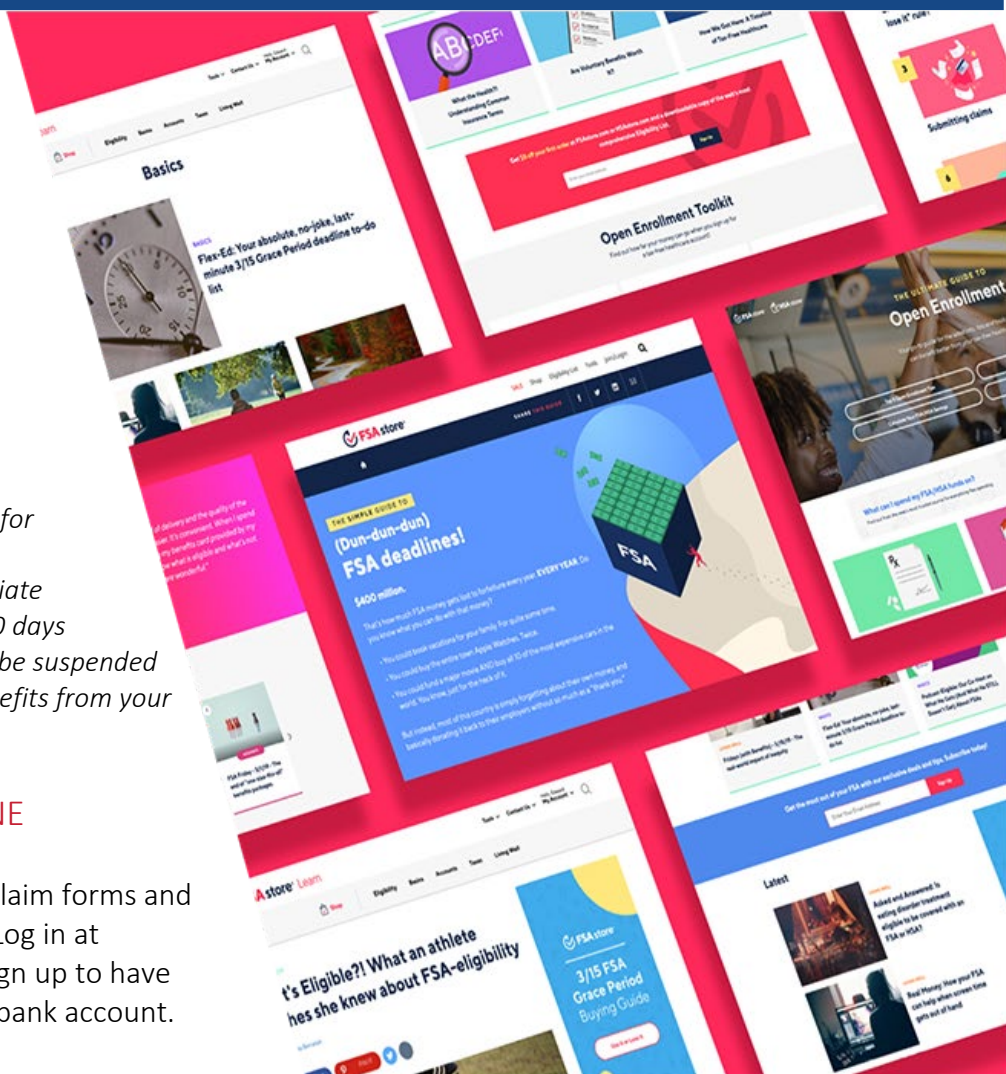
BENEFITS CARD

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 manage your account. You can shop for eligible medical items like bandages and contact solution, browse for products and services using the Eligibility List and visit the Learning Center to find answers to commonly asked questions. Visit the 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.

Health Plans Must Cover OTC COVID-19 Tests

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

HIGHLIGHTS

- 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.

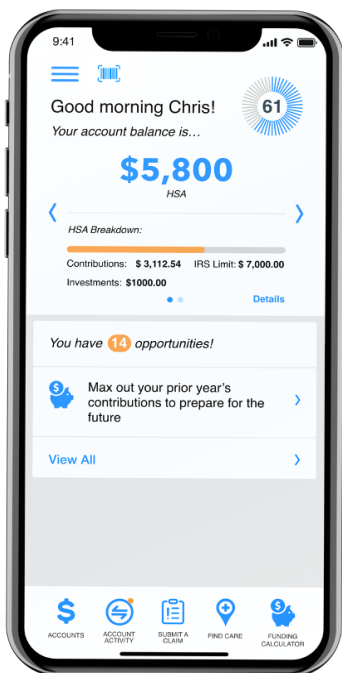
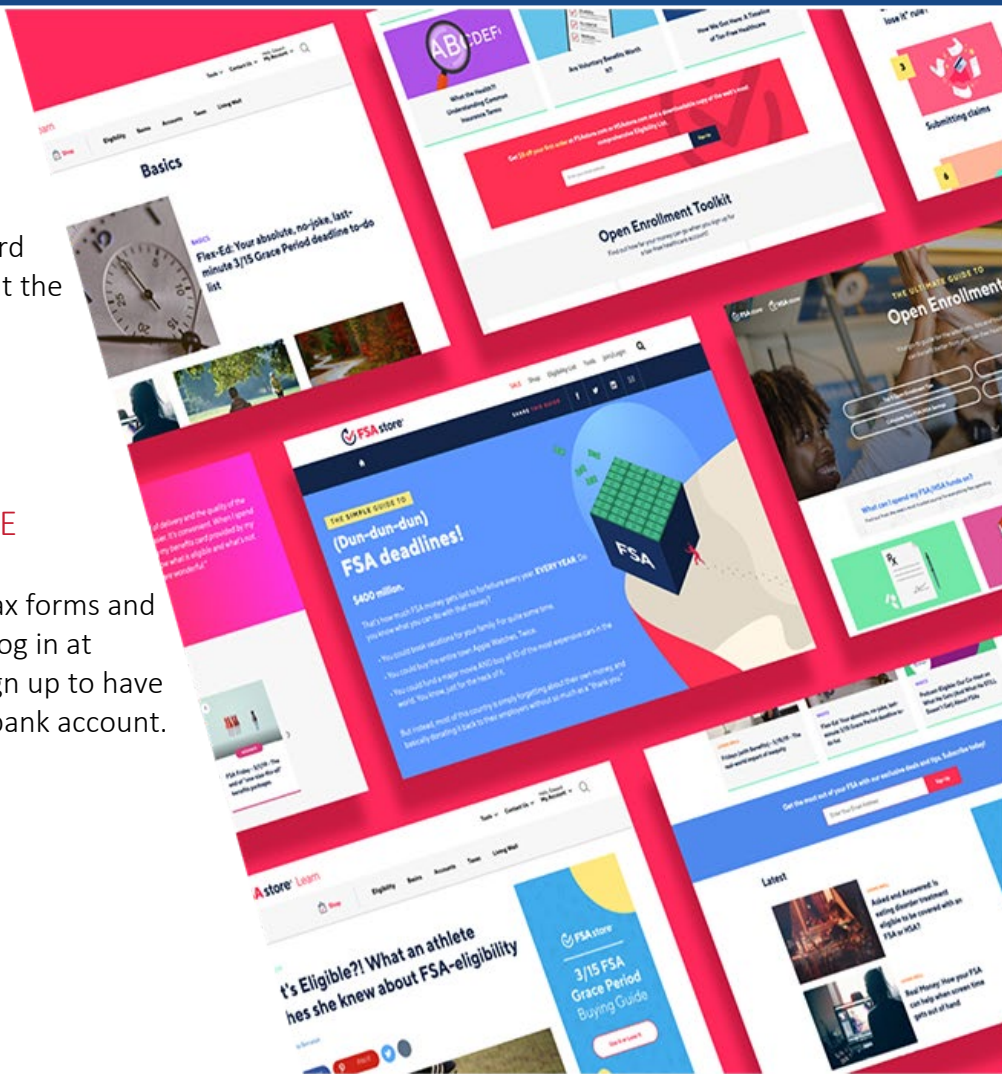
HSA RESOURCES

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 manage your account. You can shop for eligible medical items like bandages and contact solution, browse for products and services using the Eligibility List and visit the Learning Center to find answers to commonly asked questions. Visit the store at <http://www.ffga.com/individuals/#stores> for more details and special deals.



NEW PLAN - MEDICAL TRANSPORT

MASA | www.masamts.com | 1.800.643.9023

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

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

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

MEDICAL TRANSPORT SEMI- MONTHLY PREMIUMS	
EMERGENT PLUS	
EMPLOYEE + FAMILY	\$7.00
PLATINUM	
EMPLOYEE + FAMILY	\$19.50



DID YOU KNOW?

25 MILLION PEOPLE

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

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

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



EMERGENT PLUS MEMBERSHIP BENEFITS

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

Emergency Air Ambulance Coverage¹

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

Emergency Ground Ambulance Coverage¹

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

Hospital to Hospital Ambulance Coverage¹

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

Repatriation to Hospital Near Home Coverage¹

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



DID YOU KNOW?

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PLATINUM MEMBERSHIP BENEFITS

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

Emergency Air Ambulance Coverage³

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

Emergency Ground Ambulance Coverage³

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

Hospital to Hospital Ambulance Coverage³

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

Repatriation to Hospital Near Home Coverage¹

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

Patient Return Transportation Coverage¹

MASA MTS provides services and covers the out-of-pocket expenses associated with coordinating a Member's transportation when hospitalized more than one hundred (100) miles from home, after discharge from the medical facility, by a regularly scheduled commercial airline to the commercial airport nearest the Member's home.

PLATINUM MEMBERSHIP BENEFITS

Companion Transportation Coverage²

MASA MTS provides services associated with the coordination of transportation for the Member's spouse, other family member, or companion to accompany the Member's emergency transport by a medically equipped, rotary (i.e., helicopter) or fixed-wing aircraft, giving due priority to the medical personnel and/or equipment and the welfare and safety of the patient.

Hospital Visitor Transportation Coverage²

MASA MTS provides services and covers air transportation expenses associated with coordinating a round-trip, regularly scheduled, commercial airfare for Member's spouse, other family Member or companion to join the Member in the event of in-patient hospitalization more than one hundred (100) statute miles from Member's home.

Minor Return Transportation Coverage²

MASA MTS provides services and covers out-of-pocket expenses associated with minor return transportation to a parent, legal guardian, or another person that can be responsible for the minor in the event that the minor is unattended as a result of Member's Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, or Mortal Remains Transportation coverages. MASA MTS also provides for a qualified attendant to accompany the minor during travel when the minor's age and/or medical condition may require such care.

Vehicle & RV Return Coverage²

MASA MTS provides services and covers the out-of-pocket expenses associated with vehicle return transportation for one (1) a safe operational car, truck, van, motorcycle, travel trailer, or motor home to the Member's home. This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages. MASA MTS pays the cost of fuel, oil and driver.

Pet Return Transportation Coverage²

MASA MTS provides services and covers out-of-pocket expenses for the return transportation to a Member's home for up to two (2) pet(s) belonging to the Member that includes either a dog, cat or other small animal(s). This service is available when a Member uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages.

Organ Retrieval & Organ Recipient Transportation Coverage⁴

MASA MTS provides services and covers air transportation expenses associated with coordinating transportation for an organ when the Member requires an organ transplant. MASA MTS will also provide service and cover transportation costs of Member and Member's spouse, other family Member or a companion should the Member need to travel to the location where the procedure will occur. If medically necessary, the organ will be transported by a medically equipped fixed-wing aircraft; otherwise, the organ is delivered by a commercial airline to the suitable airport nearest the location of the operation.

Mortal Remains Transportation Coverage¹

MASA MTS covers the air transportation expense for a Member's mortal remains in the event of their death when it occurs more than one hundred (100) statute miles from home. Remains are transported by a regularly scheduled commercial airline to the commercial airport nearest a Member's home.

Medical Air Services Association, Inc. is doing business as MASA MTS with its principal place of business at 1250 S. Pine Island Road, Suite 500, Plantation, FL 33324. The information provided in this product information sheet is for informational purposes only. The benefits listed, and the descriptions thereof do not represent the full terms and conditions applicable for usage and may only be offered in some memberships. Premiums and benefits vary depending on the benefits selected. Please refer to the applicable member service agreement for a complete list of benefits, premiums, and full terms, conditions, and restrictions. MASA MTS utilizes third-party transportation service-providers for all transportation services. MASA Global, MASA MTS and MASA TRS are registered service marks of MASA Holdings, Inc., a Delaware corporation.

~If a member has a high deductible health plan that is compatible with a health savings account, benefits will become available under the MASA membership for expenses incurred for medical care (as defined under Internal Revenue Code ("IRC") section 213 (d)) once a member satisfies the applicable statutory minimum deductible under IRC section 223(c) for high-deductible health plan coverage that is compatible with a health savings account.

COVERAGE TERRITORIES:

1. United States and Canada Only – Emergency Air Ambulance Coverage, Emergency Ground Ambulance Coverage, and Hospital to Hospital Ambulance Coverage benefits shall only be provided in the United States and Canada.

SOURCES:

*ACEP NOW 2014

** Patient Protection and Affordable Care Act; HHS Notice of Benefit and Payment Parameters for 2022 and Pharmacy Benefit Manager Standards. May 5, 2021.



1250 S. Pine Island Rd., Suite 500,
Plantation, FL 33324

800-643-9023 | www.masamts.com

NEW PLAN - TELEHEALTH

Recuro Health | www.recurohealth.com | 1.844.979.0312

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

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

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

\$0 consultation Fee.

TELEHEALTH SEMI- MONTHLY PREMIUMS	
EMPLOYEE + FAMILY	\$4.50

NextGen Care

Virtual Urgent Care

24/7 Acute Care Access

24/7 access to board-certified doctors for treatment of common medical concerns with ongoing communication with your doctor.



Product Highlights



Coordinated

If needed, urgent care can seamlessly transition to Recuro's ongoing virtual primary care to improve patient health and preempt future issues.



Convenient

Patients can see a board-certified physician wherever they are, whenever they need it.



Personalized

Patients receive treatment plans based on their unique needs and can ask follow-up questions to their doctors after the visit, free of charge.



24/7 Access



Multi-Channel Options



Consult Transcription



Integrated Prescriptions



Primary Care Coordination



10
Minutes

Did you know?

The average wait time for an urgent care consult is only 10 minutes.

**Digital
Medical
Home**

☒ NEXTGEN CARE

☐ BENEFITS

Product Details

24/7 Access

Recuro physicians are available whenever our patients need them, day or night.

Integrated Prescriptions

Prescriptions are immediately sent to the patient's preferred pharmacy for easy pickup.

Primary Care Coordination

Primary care and behavioral health can be integrated with urgent care.

Multi-Channel Options

Live video, phone, and messaging options let each patient receive care the way they like.

Consult Transcription

Consults can be recorded and transcribed, allowing patients continuous access to information.

Conditions Treated

- Acne / Rashes
- Allergies
- Cold / Flu / Cough
- GI Issues
- Ear Problems
- Fever / Headache
- Insect Bites
- Nausea / Vomiting
- Pink Eye
- Respiratory Issues
- UTI's / Vaginitis
- And More

Available MDs

Available doctors in your network.

98765



Dr. Jessica Parks
In-Network



Dr. Wesley Holmes
In-Network



Dr. Kenneth Lang
In-Network



Dr. Sarah Connors
In-Network

Coverage Advocacy Concierge

View All



TERM LIFE & AD&D INSURANCE

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

EMPLOYER-PAID TERM 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. Your employer provides all eligible employees a \$25,000. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

VOLUNTARY TERM LIFE INSURANCE

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by your employer. It will cover you for a specific period of time while you are employed.

Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family.

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.

HIGHLIGHT

- You own the policy, even if you change jobs or retire.
- The policy remains in force until you die or up to age 121 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.
- You can cover your spouse, children, and grandchildren, too.
- You can get cash to cover living expenses if you become chronically ill. **NEW** -Spouses policies added April 1, 2023 and after will include the chronic illness rider.
- No Medical Exams required!



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 ICC07-ULABR-07 or Form Series ULABR-07)*
- **Accelerated Death Benefit for Chronic Illness Rider.** Included on employees and spouse 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)*



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 or Form Series PRFNG-NI-18.

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

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

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

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

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

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

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

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

Indicates Spouse Coverage Available

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

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

CHILDREN AND GRANDCHILDREN (TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

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

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

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

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

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

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

Indicates Spouse Coverage Available

DISABILITY INSURANCE

American Fidelity | www.americanfidelity.com | 1.800.654.8489

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

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

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

FEATURES



Guaranteed Issue

Each employee will have an opportunity to apply for coverage during their annual enrollment without answering medical questions. Pre-existing conditions may apply.



Custom Coverage Options

Employees can select a benefit amount and elimination period that meets their financial needs and is custom to your organization.



Return-to-Work Benefit

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



Employee Assistance Program

Included with our long-term disability product, this service provides your employees with access to telephonic life coaching, legal assistance, and more.

CANCER INSURANCE

American Fidelity | www.americanfidelity.com | 1.800.654.8489

Did you know? New cancer cases in America are diagnosed at the rate of 4,626 per 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.

Example Cancer Insurance Benefits

Diagnostic Testing

Pays an annual benefit to help cover diagnostic testing, screening, or follow-up. This benefit also qualifies for our AFQuickClaims®.

Experimental Treatment

This policy covers experimental treatment so your employees have the opportunity to receive the best available treatment to meet their needs.

Travel Expenses

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

Diagnostic and Prevention Benefit Encourages Early Detection

Our policy provides an annual screening benefit to encourage early detection of potential cancers. With earlier detection, the cost of treatment is often reduced. Not only that, but some early detection tests can help reduce deaths from the disease and may limit the need for extensive treatment, which can cause substantial side effects and longer-term health issues.³

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

³ National Cancer Institute: Cancer Screening and Early Detection Research; March 9, 2017

CRITICAL ILLNESS INSURANCE

AFLAC | www.aflacgroupinsurance.com | 1.800.433.3036
Group # 25475

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

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

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

ACCIDENT INSURANCE

AFLAC | www.aflacgroupinsurance.com | 1.800.433.3036
Group # 25475

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
- Surgery and anesthesia
- Burns
- Emergency room visits
- Ambulance, ground or air
- Intensive care unit
- Prescriptions
- Major diagnostic testing

HOSPITAL INDEMNITY INSURANCE

AETNA | www.aetna.com | 1.800.872.3862
Group # 802898

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

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

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

HOSPITAL INDEMNITY PLAN SEMI-MONTHLY PREMIUMS		
	LOW	HIGH
EMPLOYEE ONLY	\$8.15	\$13.38
EMPLOYEE + SPOUSE	\$18.21	\$29.73
EMPLOYEE + CHILD(REN)	\$14.24	\$22.97
EMPLOYEE + FAMILY	\$23.52	\$38.03

Inpatient Stays

Covered Benefit	Low	High
Hospital stay - Admission Provides a lump sum benefit for the initial day of your stay in a hospital. <i>Maximum 2 stays per plan year; separated by 30 days in a row</i>	\$1,000	\$2,000
Hospital stay - Daily Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital. <i>Maximum 30 days per plan year</i>	\$150	\$200
Hospital stay - (ICU) Daily Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital. <i>Maximum 30 days per plan year</i>	\$450	\$600
*Newborn routine care Provides a lump-sum benefit after the birth of your newborn. This will not pay for an outpatient birth.	\$200	\$200
**Observation unit 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. <i>Maximum 1 day per plan year</i>	\$200	\$200
Substance abuse stay - Daily 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. <i>Maximum 30 days per plan year</i>	\$150	\$200
Mental disorder stay - Daily 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. <i>Maximum 30 days per plan year</i>	\$150	\$200
Rehabilitation unit stay - Daily Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury. <i>Maximum 30 days per plan year</i>	\$75	\$100
Important Note: All daily inpatient stay benefits begin on day two and count toward the plan year maximum.		
*If upon delivery a baby is admitted to NICU, Aetna will treat as an admission and pay benefits for Admission and daily.		
**24+ hours in observation will be treated as inpatient admission, with admission benefits being paid.		

Health Screening

*Covered Health Screenings	Low	High
Health screening Pays a lump sum benefit for each day you receive any of the approved health screening tests. <i>Maximum 1 day per plan year</i> <ul style="list-style-type: none"> • Lipoprotein profile (serum plus HDL, LDL and triglycerides) • Fasting blood glucose test • Doppler screenings for peripheral vascular disease (also known as arteriosclerosis) • Carotid Doppler Ultrasound • Electrocardiogram (EKG, ECG) • Echocardiogram (ECHO) • Chest x-ray (CXR) • Thermography • Ultrasound screening for abdominal aortic aneurysms • Bone marrow screening • Adult and child immunizations • HPV vaccine (Human Papillomavirus) • Bone mass density measurement (DEXA, DXA) • Skin cancer screening • Serum protein electrophoresis (blood test for myeloma) • Prostate Specific Antigen (PSA) Test • Flexible sigmoidoscopy • Digital rectal exams (DRE) • Hemocult stool analysis • Colonoscopy • Virtual colonoscopy • Carcinoembryonic Antigen (CEA) • Cancer Antigen (CA) Test 15-3 (breast cancer) • Mammography • Breast Ultrasound • Cancer Antigen (CA) Test 125 (ovarian cancer) • Pap smears • Cytologic Screening • ThinPrep Pap Test 	\$50	\$50

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

IDENTITY THEFT PROTECTION

iLOCK360 | www.iLOCK360.com | 1.855.287.8888

Millions of Americans report having their identity stolen each year. People are online and mobile more than any time in history, so it's no surprise that identity theft is on the rise. And it goes far beyond simply having your credit card number stolen. While credit card fraud is one of the highest reported types of identity theft, it also includes bank, loan, phone and tax-related fraud.

Identity theft insurance won't prevent your identity from being stolen. But it will be there to alert you if any suspicious activity is noticed under your name. The plan includes credit bureau monitoring, social security number usage and lost wallet protection. Accounts are monitored daily so you can rest easy knowing your identity is being protected even while you sleep. The sooner you can take action to close your accounts, the quicker you can recover your identity.

It takes years to establish a good reputation with credit lenders and employers. Make sure it remains yours by taking advantage of the identity theft insurance offered through your employer.



**YOUR IDENTITY IS YOUR
MOST VALUABLE ASSET.
IS YOURS PROTECTED?**

HAVE YOU EVER?

- ☐ **Been a victim of a data breach?**
Data breaches increased by **133% in 2018**.
1 in 3 notified breach victims experience fraud.
- ☐ **Known someone that has been a victim of identity theft?**
ID theft is the **fastest growing crime**, occurring once every **2 seconds**
- ☐ **Been concerned about your childrens' and loved ones' identities being stolen?**
Child identity theft is projected to affect **25% of kids** before turning 18.
- ☐ **Had your credit impacted by financial fraud?**
If a criminal gains access to your personal information, they can open new accounts in your name that you may not learn of until the damage is done.

HOW iLOCK360 HELPS



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

FULL-SERVICE IDENTITY RESTORATION. Rest assured that iLOCK360 will **work on your behalf to restore your identity**. Our experts can complete all restoration activities for you, and we can even help you with pre-existing conditions.

PEACE OF MIND. **56% of victims have to take time off work** to resolve an identity theft case on their own. With iLOCK360, you have experienced professionals in your corner to restore your identity, so you can spend your time doing what you do best.

VOLUNTARY RETIREMENT PLANS

TCG Administrators | www.tcgservices.com | 1.800.943.9179

403(b) RETIREMENT PLAN

Research shows that Americans are living well past retirement years. Are you saving enough to be able to enjoy those years? A 403(b) plan can help you get there.

It's an IRS-approved retirement plan that allows you to set aside money on an after-tax basis for your retirement. Contributions are conveniently made through payroll deduction, so money is moved from your paycheck into the account automatically. Plus, your employer may even match your contributions based on how much you put into the plan. Now is the time to take full advantage of this opportunity to maximize your retirement savings!

457(b) RETIREMENT PLAN

The 457(b) plan is an employer-sponsored voluntary retirement savings plan that allows you to save money for retirement on a tax-deferred basis. The plan contains most of the same features of the 403(b) plan but is different in one unique way. Distributions from a 457(b) Deferred Compensation Plan are not subject to the 10 percent excise tax for early withdrawal.

CONTRIBUTION LIMITS

In 2023, you can contribute 100 percent of your includible compensation up to \$22,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$7,500 for a total of \$30,000.

SUPPORTLINC

EMPLOYEE ASSISTANCE PROGRAM FOR ELGIN ISD

SUPPORTLINC IS THE EMPLOYEE ASSISTANCE PROGRAM (EAP) FOR YOU AND YOUR IMMEDIATE FAMILY MEMBERS

At some point in our lives, each of us faces a problem or situation that is difficult to resolve. When these instances arise, SupportLinc will be there to help. The SupportLinc employee assistance program (EAP) is a confidential resource that helps you deal with life's challenges and the demands that come with balancing home and work. SupportLinc provides confidential, professional referrals and up to three (3) sessions of face-to-face counseling sessions for a wide variety of concerns, such as:

**ANXIETY • DEPRESSION • MARRIAGE AND RELATIONSHIP PROBLEMS • GRIEF AND LOSS
SUBSTANCE ABUSE • ANGER MANAGEMENT • WORK-RELATED PRESSURES • STRESS**

EXPERT REFERRALS AND CONSULTATION

Whether you are a new parent, a caregiver, selling your home or looking for legal advice, you're likely to need guidance and referrals to expert resources.

- **LEGAL ASSIST** Free Telephonic or Face-to-Face Legal Consultation
- **FINANCIAL ASSIST** Expert Financial Planning and Consultation
- **FAMILY ASSIST** Consultation and Referrals for Everyday Issues, Such as Dependent Care, Auto Repair, Pet Care, Home Improvement and More

CONFIDENTIALITY

SupportLinc upholds strict confidentiality standards. Nobody, including your employer, will know you have accessed the program unless you specifically grant permission or express a concern that presents us with a legal obligation to release information.

TECHNOLOGY AND YOUR EAP

WEB

- Practical Tools and Resources to Practice Resiliency, Mindfulness and Other Skills
- Search Engines for Dependent Care, Education, Legal, Financial and Convenience Services
- Discounted Gym Memberships
- Secure Video Counseling Through the eConnect® Portal
- On-Demand Education
- Bilingual Content (English and Spanish)

MOBILE

- eConnect® Mobile App for On-The-Go Access
- Call or Live Chat with a Licensed Counselor
- Schedule Video or In-Person Counseling
- Exchange Texts, Audio and Video Files With a 'Coach'



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.

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

HIGHLIGHTS

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

Use Clever RX every time you pay for a medication for instant savings! Download the app or visit the site to price a drug: <https://partner.cleverrx.com/ffga>.

