

Rockport-Fulton ISD

BENEFITS GUIDE

2023-2024 Plan Year
September 1, 2023 –
August 31, 2024



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First Financial Group of America

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

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- BENEFIT CONTACT INFORMATION

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.

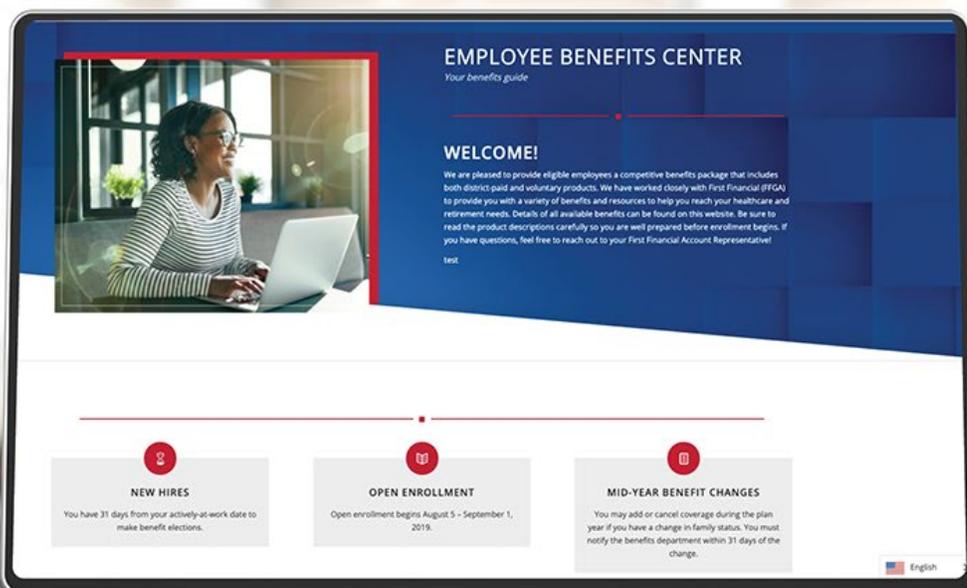
EMPLOYEE BENEFITS CENTER

YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

Rockport-Fulton 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/rockportfultonisd/>



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. Visit your EBC to view the on-site enrollment schedule.

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 actively-at-work 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.*

MEDICAL

Allegiance/Cigna | www.askallegiance.com | 1.855.999.6808

UBC Medical Plan

Benefits for UBC Members

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

Choice and Control

The Cigna Open Access Plus Network provides access to 17,000 facilities and more than 1,000,000 healthcare professionals.

The **UBC Medical Plans** provided:

- Cigna's Largest Nationwide Network with over 1 million healthcare professionals
- No referral necessary to see a specialist
- Lower Out-Of-Pocket maximums
- In- and Out-of-Network Benefits

For plan details, rates, and resources, please refer to the UBC website:

<https://ubc-benefits.com/rfisd/>



Employee Health Benefits 2023-24



Rockport-Fulton ISD Which Plan is Right for You?



Questions to Consider

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



Plan Summary

	Basic HD	Standard	Enhanced
• Low Premiums			
• Nationwide Network			
• No PCP referrals			
• Free Preventative Generic Drugs			
• Compatible with a Health Savings Account (HSA)			
	• Low Deductibles and Out-of-Pocket Maximums	• Copays for doctor visits	• Low Deductibles and Out-of-Pocket Maximums
	• Nationwide Network	• No PCP referrals	• Copays for doctor visits
	• Free Generic Drugs	• Free Generic Drugs	• Nationwide Network
			• No PCP referrals
			• Free Generic Drugs

Monthly Premiums	Basic HD	Standard	Enhanced
Employee Only	\$89	\$121	\$227
Employee and Spouse	\$964	\$1,056	\$1,103
Employee and Child(ren)	\$463	\$521	\$577
Employee and Family	\$1,233	\$1,345	\$1,479

Plan Features	Basic HD	Standard	Enhanced
Type of Coverage	In and Out-of-Network	In and Out-of-Network	In and Out-of-Network
Individual/Family Deductible	\$3,000/\$6,000 - In Network	\$2,500/\$5,000 - In Network	\$1,500/\$3,000 - In Network
In-Network/Out-of-Network Coinsurance	20%/40% after deductible	30%/50% after deductible	10%/40% after deductible
Individual/Family Maximum Out-of-Pocket	\$8,100/\$16,200 - In Network	\$9,000/\$18,000- In Network	\$6,000/\$12,000 - In Network
Network	Nationwide	Nationwide	Nationwide
Primary Care Provider (PCP) Required	No	No	No

Doctor Visits	Basic HD	Standard	Enhanced
Primary Care	20% after Deductible	\$35 Copay	\$35 Copay
Specialist	20% after Deductible	\$70 Copay	\$50 Copay
Recuro 24/7 Virtual Acute & Behavioral	\$0	\$0	\$0

Immediate Care	Basic HD	Standard	Enhanced
Urgent Care	20% after Deductible	\$50 Copay	\$75 Copay
Emergency Care	20% after Deductible	30% after Deductible	\$150 Copay
Recuro 24/7 Virtual Health	\$0	\$0	\$0

Prescription Drugs	Basic HD	Standard	Enhanced
Drug Deductible	Included with Medical	\$250 (Brand /Specialty ONLY)	\$250 (Brand /Specialty ONLY)
Generics (30 day Supply/90 day supply)	20% after deductible	\$0 Retail and Mail Order	\$0 Retail and Mail Order
Preferred Brand	20% after deductible	30% Retail / \$150 Mail Order	\$40 Retail/\$100 Mail Order
Non-Preferred Brand	20% after deductible	30% Retail / \$150 Mail Order	\$80 Retail/\$200 Mail Order
Specialty	20% after deductible	50% up to a max of \$1500	50% up to a max of \$1500

Wellness Benefits at No Extra Cost

- Low Cost Prescription Drugs
- Free Recuro 24/7 Virtual Acute & Behavioral Health
- Free Preventative Care

Things to Know

- Nationwide Network
- No PCP Referrals
- In and Out-of-Network Benefits

Benefits for UBC Members

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

Choice and Control

The Cigna Open Access Plus Network provides access to 17,000 facilities and more than 1,000,000 healthcare professionals.

Need Assistance?
help@UBC-Benefits.com

- Cigna Nationwide Network with over 1 million healthcare professionals
- No referral necessary to see a specialist
- Lower out-of-pocket maximums
- In- and out-of-network benefits



Basic HD - Medical Plan

Overview

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

Covered	Monthly Premium
<ul style="list-style-type: none">• Employee	<ul style="list-style-type: none">• \$89
<ul style="list-style-type: none">• Employee + Child(ren)	<ul style="list-style-type: none">• \$463
<ul style="list-style-type: none">• Employee + Spouse	<ul style="list-style-type: none">• \$964
<ul style="list-style-type: none">• Employee + Family	<ul style="list-style-type: none">• \$1,233



Basic HD - Plan Quick-Reference

Refer to plan documents for limitations and additional information.

Basic HD - Medical Plan

Feature	Your Network Costs	Your Out-of-Network Costs
Annual Deductible	\$3,000 individual/\$6,000 family	\$6,000 individual/\$12,000 family
Coinsurance (after the annual deductible is met)	20% after deductible	40% after deductible
Annual Out-of-Pocket Maximum	\$8,100 individual/\$16,200 family	\$16,200 individual/\$26,600 family
Physician Services		
Office Visits - Primary	20% after deductible	40% after deductible
Office Visits - Specialist	20% after deductible	40% after deductible
Urgent Care Visits	20% after deductible	40% after deductible
Emergency Care Visits	20% after deductible	40% after deductible
Virtual Health/Behavioral (Reкуро)	\$0 per consultation	N/A
Prescription Drugs		
Drug Deductible	Integrated with medical	
Generic (30/90 Day Supply)	20% after deductible	
Preferred Brand	20% after deductible	
Non-Preferred Brand	20% after deductible	
Specialty	20% after deductible	

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional information.

Basic HD - Medical Plan (continued)

Feature	Your Network Costs	Your Out-of-Network Costs
Maternity Services		
Routine Prenatal Care	20% after deductible	40% after deductible
Delivery in Hospital	20% after deductible	40% after deductible
Newborn Care in Hospital (Routine)	20% after deductible	40% after deductible
Additional Services		
Inpatient Hospital	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	40% after deductible
Lab & X-ray Outpatient (minor)	20% after deductible	40% after deductible
Hospital Emergency Care Services (treated as network)	20% after deductible	40% after deductible
Chiropractic	20% after deductible	40% after deductible
Preventative Care*		
Well-Child Care	Plan pays 100%, no deductible	40% after deductible
Well-Woman Care	Plan pays 100%, no deductible	40% after deductible
Routine Screening Mammography	Plan pays 100%, no deductible	40% after deductible
Adult Health Assessments	Plan pays 100%, no deductible	40% after deductible
Immunizations	Plan pays 100%, no deductible	40% after deductible
Screening Colonoscopy	Plan pays 100%, no deductible	40% after deductible

*Subject to Affordable Care Act requirements.

Standard - Medical Plan

Overview

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

Covered	Monthly Premium
<ul style="list-style-type: none">• Employee	<ul style="list-style-type: none">• \$121
<ul style="list-style-type: none">• Employee + Child(ren)	<ul style="list-style-type: none">• \$521
<ul style="list-style-type: none">• Employee + Spouse	<ul style="list-style-type: none">• \$1,056
<ul style="list-style-type: none">• Employee + Family	<ul style="list-style-type: none">• \$1,345



Standard - Plan Quick-Reference

Refer to plan documents for limitations and additional information.

Standard - Medical Plan

Feature	Your Network Costs	Your Out-of-Network Costs
Annual Deductible	\$2,500 individual/\$5,000 family	\$5,000 individual/\$10,000 family
Coinsurance (after the annual deductible is met)	30% after deductible	50% after deductible
Annual Out-of-Pocket Maximum	\$9,000 individual/\$18,000 family	\$18,000 individual/\$36,000 family
Physician Services		
Office Visits - Primary	\$35 copay	50% after deductible
Office Visits - Specialist	\$70 copay	50% after deductible
Urgent Care Visits	\$50 copay	50% after deductible
Emergency Care Visits	30% after deductible	50% after deductible
Virtual Health Behavioral (Recuro)	\$0 per consultation	N/A
Prescription Drugs		
Drug Deductible	\$250 (Brand /Specialty ONLY)	
Generic (30/90 Day Supply)	Plan pays 100%, no deductible	
Preferred Brand	30% retail / \$150 mail order	
Non-Preferred Brand	30% retail / \$150 mail order	
Specialty	50% to a max of \$1500	

*Subject to Affordable Care Act requirements.

Refer to plan documents for limitations and additional information.

Standard - Medical Plan (continued)

Feature	Your Network Costs	Your Out-of-Network Costs
Maternity Services		
Routine Prenatal Care	30% after deductible	50% after deductible
Delivery in Hospital	30% after deductible	50% after deductible
Newborn Care in Hospital (Routine)	30% after deductible	50% after deductible
Additional Services		
Inpatient Hospital	30% after deductible	50% after deductible
Outpatient Surgery	30% after deductible	50% after deductible
Lab & X-ray Outpatient (minor)	\$35 copay	50% after deductible
Hospital Emergency Care services (treated as network)	30% after deductible	50% after deductible
Chiropractic	30% after deductible	50% after deductible
Preventative Care*		
Well-Child Care	Plan pays 100%, no deductible	50% after deductible
Well-Woman Care	Plan pays 100%, no deductible	50% after deductible
Routine Screening Mammography	Plan pays 100%, no deductible	50% after deductible
Adult Health Assessments	Plan pays 100%, no deductible	50% after deductible
Immunizations	Plan pays 100%, no deductible	50% after deductible
Screening Colonoscopy	Plan pays 100%, no deductible	50% after deductible

*Subject to Affordable Care Act requirements.

Enhanced - Medical Plan

Overview

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

Covered	Monthly Premium
• Employee	• \$227
• Employee + Child(ren)	• \$577
• Employee + Spouse	• \$1,103
• Employee + Family	• \$1,479



Enhanced - Plan Quick-Reference

Refer to plan documents for limitations and additional information.

Enhanced - Medical Plan

Feature	Your Network Costs	Your Out-of-Network Costs
Annual Deductible	\$1,500 individual/\$3,000 family	\$4,000 individual/\$8,000 family
Coinsurance (after the annual deductible is met)	10% after deductible	40% after deductible
Annual Out-of-Pocket Maximum	\$6,000 individual/\$12,000 family	\$12,000 individual/\$18,000 family
Physician Services		
Office Visits - Primary	\$35 copay	40% after deductible
Office Visits - Specialist	\$50 copay	40% after deductible
Urgent Care Visits	\$75 copay	40% after deductible
Emergency Care Visits	\$150 copay	40% after deductible
Virtual Health/Behavioral (Recurro)	\$0 per consultation	N/A
Prescription Drugs		
Drug Deductible	\$250 (Brand /Specialty ONLY)	
Generic (30/90 Day Supply)	\$0 Retail and Mail Order	
Preferred Brand	\$40 copay/\$100 mail order	
Non-Preferred Brand	\$80 copay/\$200 mail order	
Specialty	50% up to a max of \$1500	

*Subject to Affordable Care Act requirements.

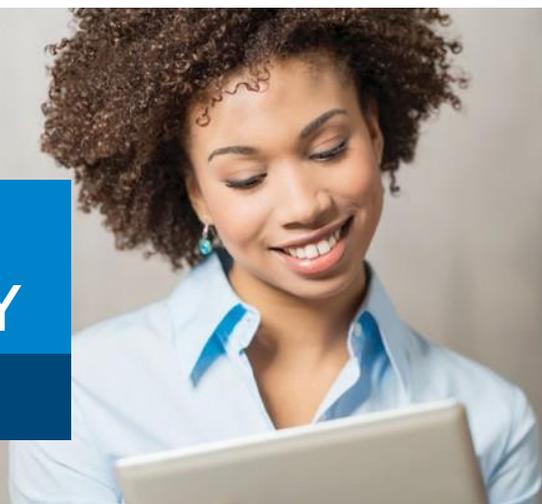
Refer to plan documents for limitations and additional information.

Enhanced - Medical Plan (continued)

Feature	Your Network Costs	Your Out-of-Network Costs
Maternity Services		
Routine Prenatal Care	10% after deductible	40% after deductible
Delivery in Hospital	10% after deductible	40% after deductible
Newborn Care in Hospital (Routine)	10% after deductible	40% after deductible
Additional Services		
Inpatient Hospital	10% after deductible	40% after deductible
Outpatient Surgery	10% after deductible	40% after deductible
Lab & X-ray Outpatient (minor)	\$35 copay	40% after deductible
Hospital Emergency Care Services (treated as network)	\$150 copay	\$150 copay
Chiropractic	\$50 copay	40% after deductible
Preventative Care*		
Well-Child Care	Plan pays 100%, no deductible	40% after deductible
Well-Woman Care	Plan pays 100%, no deductible	40% after deductible
Routine Screening Mammography	Plan pays 100%, no deductible	40% after deductible
Adult Health Assessments	Plan pays 100%, no deductible	40% after deductible
Immunizations	Plan pays 100%, no deductible	40% after deductible
Screening Colonoscopy	Plan pays 100%, no deductible	40% after deductible

*Subject to Affordable Care Act requirements.

FINDING A DOCTOR IN OUR DIRECTORY IS EASY



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

SEARCH YOUR PLAN'S NETWORK IN FOUR SIMPLE STEPS



Step 1

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



Step 2

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



Step 3

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



Step 4

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

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

Search first. Then choose Cigna.

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

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

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

Together, all the way.®



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Your health
is important
We're here to help

Your employer has partnered with Health Advocate to offer you personalized support to improve your health and well-being, all at no cost to you!

This guide contains an overview of the many ways we can help.

HealthAdvocateSM



Expert help when you need it most

Your Health Advocate services gives you access to experts who can support you in handling a wide range of healthcare issues and help you take full advantage of all your benefits. **We'll get to the heart of your issue, no matter how complex.**

We'll help you:



Quickly connect to all of your benefits



Get answers to your **insurance and claims questions** and **resolve billing issues**



Find the right **in-network doctors**, make appointments and **transfer medical records**



Make **informed decisions** about medical conditions and diagnoses



Find and explore the **latest treatment** options and arrange **second opinions**



Coordinate services related to all aspects of your care

Connect with us no matter where you are



Visit our website or app to learn more about your Health Advocate services. Plus...



Instantly interact with a Health Advocate expert



Get up-to-date **benefits information**, insurance information and other details



Access trusted **health information** and **helpful tips**



Learn how to **reduce healthcare costs**, including **prescription costs**



Open a case and download forms



View important **news alerts**

HealthAdvocate.com/members



We support the whole family

Our services are available to employees, spouses, dependents, parents and parents-in-law at **no cost to you.**



In our members' words

“You took away so many of my worries. Thank you for your expertise, empathy and compassion. It made all the difference.”

Quickly reach us any way
you like — by phone, email,
online or our mobile app.



866.799.2731

Email: answers@HealthAdvocate.com



Web: HealthAdvocate.com/members

We're here when you need us most

Health Advocate is available 24/7/365. Our regular business hours are Monday through Friday, 8 AM to 10 PM Eastern Time. After-hours and weekend calls are handled by our backup call center. Cases started off-hours are sent to Health Advocate for resolution during normal business hours.

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We're not an insurance company

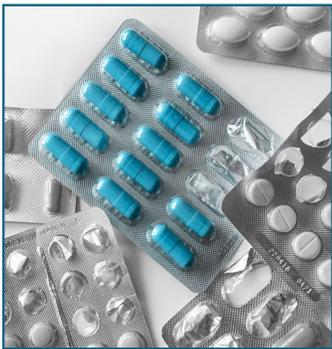
Health Advocate is not a direct medical care provider and is not affiliated with any insurance company or third party provider.

Your privacy is protected

Our staff carefully follows protocols and complies with all government privacy standards. Your medical and personal information is kept strictly confidential.



TAKE CONTROL OF YOUR HEALTH



“ I am so pleased with the level of care and time you guys take to spend with each person, I feel I am getting on the right track, what you guys do is phenomenal. ”



1. 2021 Tria Health Book of Business

TALK TO A DIABETES & MEDICATION EXPERT

Tria Health is coming to your plan! Tria provides private, confidential conversations with a Tria pharmacist by phone. Tria Health’s pharmacists are Certified Diabetes Care and Education Specialists (CDCES). Your pharmacist will help you:

- Make sure your medications are working as intended.
- Ensure your health conditions are well managed.
- Help you save money - Tria saves an average of \$250 per year!¹
- Answer any questions you have about your health.
- Coordinate care with your doctor(s) - Over 95% of recommendations made by Tria Health were accepted by an individual’s physician.¹

Our goal is to ensure you live a happy and active life and reduce the risk of serious health complications.

PARTICIPANTS CAN EARN UP TO \$150

Complete a consultation with a Tria pharmacist, and receive a \$50 Tria Health Prepaid MasterCard. You are not required to change your medications, pharmacy or doctor to receive this benefit. You can receive up to \$150 within a 12-month period.

THIS PROGRAM BEGINS SEPTEMBER 1, 2023.

Look for a postcard in your mailbox in September.

Tria may contact certain members directly by phone.



Dear Plan Member,

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

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

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

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





RxBIN: 610011

RxPCN: IRX

RxGRP: RXBENEFIT

Beginning September 1, 2023, please contact RxBenefits with questions regarding prescription coverage:

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

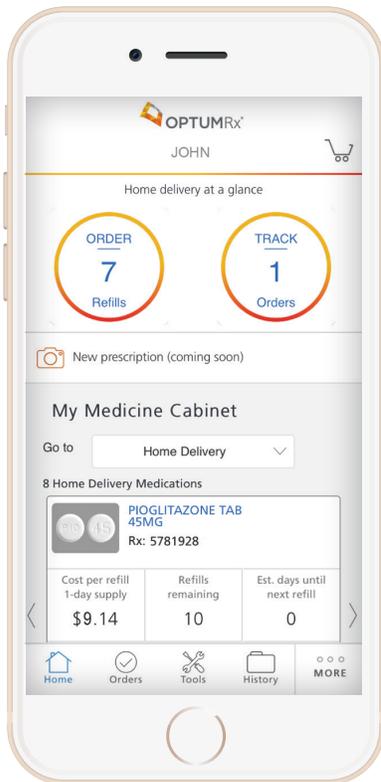
As always, RxBenefits' Member Services team is available to answer any questions you may have. You can reach them Monday – Friday from 7:00 a.m. to 8:00 p.m. CT by calling 800.933.0765 or emailing CustomerCare@rxbenefits.com.

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

Sincerely,
Your RxBenefits Team



The OptumRx app



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

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



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



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

Simple

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

Current

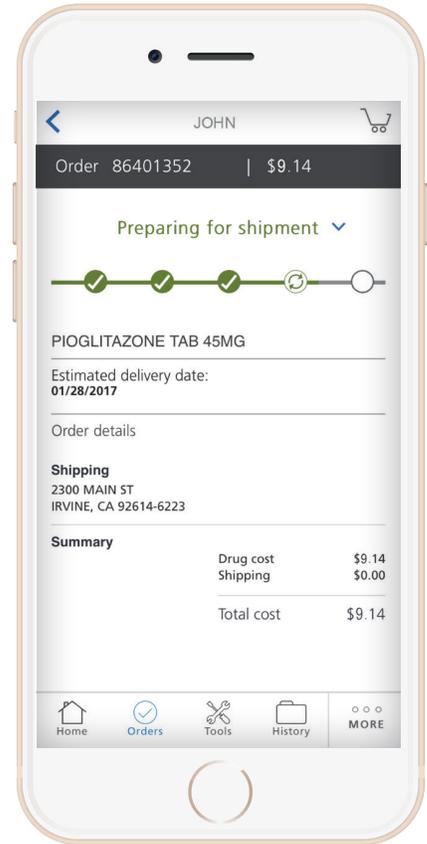
Prescription Drug Lists change frequently; the OptumRx App updates automatically, giving you quick access to the most current drug coverage information.

Personalized

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

Save time and money

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



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

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

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

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

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

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



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

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Discover the convenience of home delivery from OptumRx



Home delivery is safe and reliable, and you get:

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

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

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



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

RxBenefits' Pharmacy FAQ

Who is RxBenefits?

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

How Do I Learn More About My Prescription Benefits?

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

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

Where can I get my prescriptions filled in-person?

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

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

What Is A Drug List/Formulary?

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

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

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

What Is A Prior Authorization?

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

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

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

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

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

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

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

Why are generic medications less expensive?

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

How can I request a generic medication?

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

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

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

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

How Do I Order Medications Using Home Delivery?

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

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

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

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

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

Member Services Quick Reference Card

Member Services for Member Support

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

Availability

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

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

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

Key Details on Common Issues

Pharmacy Benefits & Coverage Inquiries

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

- Coverage Questions
- Clinical Programs
- Copay
- Deductible Issues

Paper Claims

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



Virtual Urgent Care

Getting Started

INTRODUCTION

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

Consult Fee: \$0

HOW TO ACCESS

01

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

02

Enter your employer member ID

03

Create your username and password

04

Complete your medical history

05

Schedule your consult

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



Example Conditions Treated

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





Virtual Therapy

Getting Started

INTRODUCTION

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

HOW TO ACCESS

01

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

02

Enter your employer member ID

03

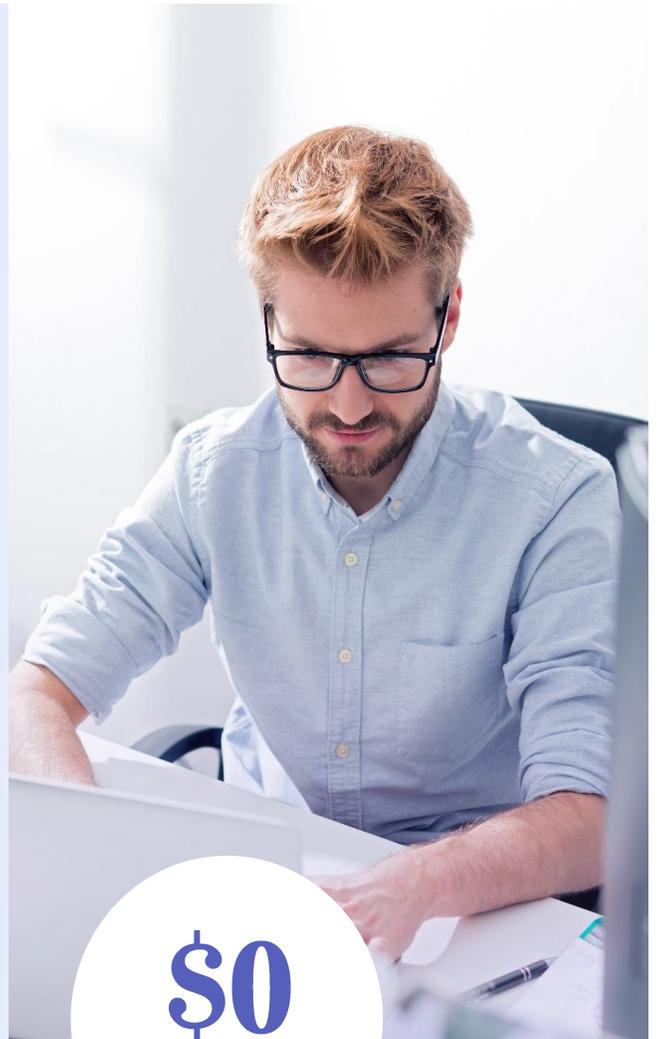
Create your username and password

04

Complete intake and wellness assessment

05

Schedule your consult



\$0
Consults

Example Conditions Treated

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



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



Medical Plan Benefits Questions?



ubc-benefits.com/connally-isd
(case sensitive)

help@ubc-benefits.com

Specific Medical Coverage Questions?



Allegiance Customer Service Line:
(855) 999-6808

Questions About Prescription Cost and Coverage?



RxBenefits Help Line
(800) 933-0765



HOSPITAL INDEMNITY INSURANCE

Aetna | www.myaetnasupplemental.com | 1.888.772.9682

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!



Peace of mind

Aetna[®] Hospital Indemnity Plan
Coverage that works with your health plan

aetna[®]

[aetna.com](https://www.aetna.com)

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

57.02.118.1 A (5/18)

Protection when it's most needed

Whether it's planned or unplanned, hospital stay costs can add up quickly.

That's why we offer the Aetna Hospital Indemnity Plan. It helps your employees manage their costs and protect their savings, with cash benefits paid directly to them, no matter what other coverage they may have. So they can keep their focus on their recovery instead of financial burdens.

Employees can use the cash to pay for things like:

- Medical expenses, deductibles or coinsurance
- Everyday expenses, such as mortgage payments, day care and other bills

It's your choice

You can pay any percentage of the premium you choose.

Or you can opt for your employees to pay the full cost of the plan. It's all paid by convenient payroll deduction.

Your plan, your way

Customize the Aetna Hospital Indemnity Plan to offer additional coverage that fits your benefits strategy:



Choose

From four base plan options covering admission, daily care, ICU and more



Mix and match

Optional inpatient and outpatient benefits packages



Select add-ons

Including a health screening, employer facilities and building benefits (admission or daily)

Your truly tailored plan

Fully portable, with the option to be health savings account (HSA) compatible.

Claims made simple

It's easy for employees to submit claims under the Aetna Hospital Indemnity Plan. And, when they're enrolled in one of our medical plans, we can reduce the paperwork needed to process their claims.



Employee has a covered hospital stay.



Employee submits claim using an online form.



Our system matches this claim to the medical claim.*



The medical info is used to process the hospital indemnity claim.



Cash payment is sent directly to employee.



Viewing claims and finding detailed plan documents is easy through our member website. Employees can access their plan information online with their same medical log-in or by signing up through [aetna.com](https://www.aetna.com).

Gain flexibility and get a great deal

Teaming up with us for hospital indemnity coverage has its advantages, including:

- Waived participation requirements with active engagement
- Freedom to use any enrollment platform
- Flexible billing options
- Customized member communications support
- Discounts for bundling medical and/or dental with our supplemental products
- Dedicated implementation and account management team

More member benefits, more savings

Employees who have the Aetna Hospital Indemnity Plan also get access to discounts and savings on many of our other products and services, including:

- Blood pressure monitors
- Weight-loss programs and meal plans
- Gym memberships
- Health and wellness products
- Eye care, hearing and dental products
- Books and magazine subscriptions from the American Cancer Society and Mayo Clinic online bookstores
- **Aetna Institutes™ Program** — access to high-performing hospitals, clinics and health care facilities that offer specialized care

*Employees not enrolled in an Aetna medical plan will need to upload supporting documents.



For more details, you can call your broker or Aetna representative or email aetnavoluntary@aetna.com.

THIS IS A SUPPLEMENTAL INSURANCE PLAN.

This plan provides limited benefits. The benefits payments are not intended to cover the full cost of medical care. Members are responsible for making sure the providers' bills get paid. These benefits are paid in addition to any other health coverage members may have.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. THIS IS NOT QUALIFYING HEALTH COVERAGE ("MINIMUM ESSENTIAL COVERAGE") THAT SATISFIES THE HEALTH COVERAGE REQUIREMENT OF THE AFFORDABLE CARE ACT. IF YOU DON'T HAVE MINIMUM ESSENTIAL COVERAGE, YOU MAY OWE AN ADDITIONAL PAYMENT WITH YOUR TAXES.

Pre-existing condition limitation

If a member has a prior medical condition, they must be covered under the hospital plan for 365 days before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care or treatment was recommended or received within the 365 days prior to their effective date of coverage under this plan. The pre-existing condition exclusion applies to maternity (where allowed by law). In some states, this exclusion may not apply to all conditions, and time frames may differ.

This material is for information only. Health insurance plans contain exclusions and limitations and are subject to United States economic and trade sanctions. Refer to the actual policy and Booklet-Certificate to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased. Benefits will not be paid for any stay or other service for an illness or accidental injury related to the following: 1) Certain competitive or recreational activities, including but not limited to, ballooning, bungee jumping, parachuting, and skydiving; 2) Any semi-professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment; 3) Acts of war or riot; 4) Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not; 5) Assault, felony, illegal occupation or other criminal act; 6) Care provided by a spouse, parent, child, sibling or any other household member; 7) Cosmetic services and plastic surgery, with certain exceptions; 8) Custodial care; 9) Hospice services, except as specifically provided in the Schedule of Benefits; 10) Self-harm or suicide, except when resulting from a diagnosed disorder; 11) Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle; 12) Care or services received outside the United States or its territories; 13) Experimental or investigational drugs, devices, treatments or procedures; 14) Education, training or retraining services or testing.

Providers are independent contractors and are not agents of Aetna. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Discount programs provide access to discounted prices and are NOT insured benefits. The member is responsible for the full cost of the discounted services. Investment services are independently offered by the HSA administrator. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna plans, refer to aetna.com.

Policy forms issued in Missouri include: AL VOL HPOL-Hosp 01 and AL VOL HCOG-Hosp 01.

Policy forms issued in Idaho include: GR-96172, AL VOL HPOL-Hosp 01.

Policy forms issued in Oklahoma include: GR-96172, GR-96173, AL VOL HPOL-Hosp 01.



aetna.com

DENTAL INSURANCE

United Healthcare | www.myuhc.com | 1.800.445.9090

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 MONTHLY PREMIUMS	
	Basic
EMPLOYEE ONLY	\$38.54
EMPLOYEE + FAMILY	\$113.43



UnitedHealthcare Insurance Company (30100) [®]			Dental Plan	
Voluntary Options PPO 30 / covered dental services			New Standard/8P076/U90	
	NON-ORTHODONTICS		ORTHODONTICS	
	NETWORK	NON-NETWORK	NETWORK	NON-NETWORK
Individual Annual Deductible	\$50	\$50	\$0	\$0
Family Annual Deductible	\$150	\$150	\$0	\$0
Maximum (the sum of all Network and Non-Network benefits will not exceed Annual maximum)	\$1,500 per person per Calendar Year	\$1,500 per person per Calendar Year	\$1,500 per person per Lifetime	\$1,500 per person per Lifetime
New enrollee's waiting period	None			
Annual deductible applies to preventive and diagnostic services			No (In Network)	No (Out Network)
Annual Deductible Applies to Orthodontic Services	No			
Orthodontic Eligibility Requirement	Child Only (Up to Age 19)			
CMM-Annual Roll-Over	Yes			
COVERED SERVICES *	NETWORK PLAN PAYS**	NON-NETWORK PLAN PAYS***	BENEFIT GUIDELINES	
DIAGNOSTIC SERVICES				
Periodic Oral Evaluation	100%	100%	See Exclusions and Limitations section for benefit guidelines.	
Radiographs	100%	100%		
Lab and Other Diagnostic Tests	100%	100%		
PREVENTIVE SERVICES				
Prophylaxis (Cleaning)	100%	100%	See Exclusions and Limitations section for benefit guidelines.	
Fluoride Treatment (Preventive)	100%	100%		
Sealants	100%	100%		
Space Maintainers	100%	100%		
BASIC SERVICES				
Restorations (Amalgams or Composite)	80%	80%	See Exclusions and Limitations section for benefit guidelines.	
Emergency Treatment/General Services	80%	80%		
Simple Extractions	80%	80%		
MAJOR SERVICES				
Oral Surgery (incl. surgical extractions)	50%	50%	See Exclusions and Limitations section for benefit guidelines.	
Periodontics	50%	50%		
Endodontics	50%	50%		
Inlays/Onlays/Crowns	50%	50%		
Dentures and Removable Prosthetics	50%	50%		
Fixed Partial Dentures (Bridges)	50%	50%		
ORTHODONTIC SERVICES				
Diagnose or correct misalignment of the teeth or bite	50%	50%		

This plan includes a roll-over maximum benefit. Some of the unused portion of your annual maximum may be available in future periods.

* Your dental plan provides that where two or more professionally acceptable dental treatments for a dental condition exist, your plan bases reimbursement on the least costly treatment alternative. If you and your dentist agreed on a treatment which is more costly than the treatment on which the plan benefit is based, you will be responsible for the difference between the fee for service rendered and the fee covered by the plan. In addition, a pre-treatment estimate is recommended for any service estimated to cost over \$500; please consult your dentist.

**The network percentage of benefits is based on the discounted fees negotiated with the provider.

***The non-network percentage of benefits is based on the usual and customary fees in the geographic areas in which the expenses are incurred.

Veneers are only covered when a filling cannot restore a tooth. For a complete description and coverage levels for Veneers, please refer to your Certificate of Coverage. Cone Beams are limited to combined captured and interpretation treatment codes only. For a complete description and coverage levels for Cone Beams, please refer to your Certificate of Coverage.

In accordance with the Illinois state requirement, a partner in a Civil Union is included in the definition of Dependent. For a complete description of Dependent Coverage, please refer to your Certificate of Coverage.

The Prenatal Dental Care (not available in WA) and Oral Cancer Screening programs are covered under this plan.

The material contained in the above table is for informational purposes only and is not an offer of coverage. Please note that the above table provides only a brief, general description of coverage and does not constitute a contract. For a complete listing of your coverage, including exclusions and limitations relating to your coverage, please refer to your Certificate of Coverage or contact your benefits administrator. If differences exist between this Summary of Benefits and your Certificate of Coverage/benefits administrator, the certificate/benefits administrator will govern. All terms and conditions of coverage are subject to applicable state and federal laws. State mandates regarding benefit levels and age limitations may supersede plan design features.

UnitedHealthcare Dental Options PPO Plan is either underwritten or provided by: United HealthCare Insurance Company, Hartford, Connecticut; United HealthCare Insurance Company of New York, Hauppauge, New York; Unimerica Insurance Company, Milwaukee, Wisconsin; Unimerica Life Insurance Company of New York, New York, New York or United HealthCare Services, Inc.

UnitedHealthcare/Dental Exclusions and Limitations

Dental Services described in this section are covered when such services are:

- A. Necessary;
- B. Provided by or under the direction of a Dentist or other appropriate provider as specifically described;
- C. The least costly, clinically accepted treatment, and
- D. Not excluded as described in the Section entitled. General Exclusions.

GENERAL LIMITATIONS

- 1 PERIODIC ORAL EVALUATION Limited to 2 times per consecutive 12 months.
- 2 COMPLETE SERIES OR PANOREX RADIOGRAPHS Limited to 1 time per consecutive 36 months.
- 3 BITEWING RADIOGRAPHS Limited to 1 series of films per calendar year.
- 4 EXTRAORAL RADIOGRAPHS Limited to 2 films per calendar year.
- 5 DENTAL PROPHYLAXIS Limited to 2 times per consecutive 12 months.
- 6 FLUORIDE TREATMENTS Limited to covered persons under the age of 16 years, and limited to 2 times per consecutive 12 months.
- 7 SPACE MAINTAINERS Limited to covered persons under the age of 16 years, limited to 1 per consecutive 60 months. Benefit includes all adjustments within 6 months of installation.
- 8 SEALANTS Limited to covered persons under the age of 16 years, and once per first or second permanent molar every consecutive 36 months.
- 9 RESTORATIONS (Amalgam or Composite) Multiple restorations on one surface will be treated as a single filling.
- 10 PIN RETENTION Limited to 2 pins per tooth; not covered in addition to cast restoration.
- 11 INLAYS, ONLAYS, AND VENEERS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
- 12 CROWNS Limited to 1 time per tooth per consecutive 60 months. Covered only when a filling cannot restore the tooth.
- 13 POST AND CORES Covered only for teeth that have had root canal therapy.
- 14 SEDATIVE FILLINGS Covered as a separate benefit only if no other service, other than x-rays and exam, were performed on the same tooth during the visit.
- 15 SCALING AND ROOT PLANING Limited to 1 time per quadrant per consecutive 24 months.
- 16 ROOT CANAL THERAPY Limited to 1 time per tooth per lifetime.
- 17 PERIODONTAL MAINTENANCE Limited to 2 times per consecutive 12 months following active or adjunctive periodontal therapy, exclusive of gross debridement.
- 18 FULL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
- 19 PARTIAL DENTURES Limited to 1 time every consecutive 60 months. No additional allowances for precision or semi-precision attachments.
- 20 RELINING AND REBASING DENTURES Limited to relining/rebasing performed more than 6 months after the initial insertion. Limited to 1 time per consecutive 12 months.
- 21 REPAIRS TO FULL DENTURES, PARTIAL DENTURES, BRIDGES Limited to repairs or adjustments performed more than 12 months after the initial insertion. Limited to 1 per consecutive 6 months.
- 22 PALLIATIVE TREATMENT Covered as a separate benefit only if no other service, other than the exam and radiographs, were performed on the same tooth during the visit.
- 23 OCCLUSAL GUARDS Limited to 1 guard every consecutive 36 months and only covered if prescribed to control habitual grinding.
- 24 FULL MOUTH DEBRIDEMENT Limited to 1 time every consecutive 36 months.
- 25 GENERAL ANESTHESIA Covered only when clinically necessary.
- 26 OSSEOUS GRAFTS Limited to 1 per quadrant or site per consecutive 36 months.
- 27 PERIODONTAL SURGERY Hard tissue and soft tissue periodontal surgery are limited to 1 quadrant or site per consecutive 36 months per surgical area.
- 28 REPLACEMENT OF COMPLETE DENTURES, FIXED OR REMOVABLE PARTIAL DENTURES, CROWNS, INLAYS OR ONLAYS Replacement of complete dentures, fixed or removable partial dentures, crowns, inlays or onlays previously submitted for payment under the plan is limited to 1 time per consecutive 60 months from initial or supplemental placement. This includes retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances.
- 29 CONE BEAM Limited to 1 time per consecutive 60 months.

GENERAL EXCLUSIONS

The following are not covered:

- 1 Dental Services that are not Necessary.
- 2 Hospitalization or other facility charges.
- 3 Any Dental Procedure performed solely for cosmetic/aesthetic reasons. (Cosmetic procedures are those procedures that improve physical appearance.)
- 4 Reconstructive surgery, regardless of whether or not the surgery is incidental to a dental disease, injury, or Congenital Anomaly, when the primary purpose is to improve physiological functioning of the involved part of the body.
- 5 Any Dental Procedure not directly associated with dental disease.
- 6 Any Dental Procedure not performed in a dental setting.
- 7 Procedures that are considered to be Experimental, Investigational or Unproven. This includes pharmacological regimens not accepted by the American Dental Association (ADA) Council on Dental Therapeutics. The fact that an Experimental, Investigational or Unproven Service, treatment, device or pharmacological regimen is the only available treatment for a particular condition will not result in Coverage if the procedure is considered to be Experimental, Investigational or Unproven in the treatment of that particular condition.
- 8 Placement of dental implants, implant-supported abutments and prostheses.
- 9 Drugs/medications, obtainable with or without a prescription, unless they are dispensed and utilized in the dental office during the patient visit.
- 10 Setting of facial bony fractures and any treatment associated with the dislocation of facial skeletal hard tissue.
- 11 Treatment of benign neoplasms, cysts, or other pathology involving benign lesions, except excisional removal. Treatment of malignant neoplasms or Congenital Anomalies of hard or soft tissue, including excision.
- 12 Replacement of complete dentures, fixed and removable partial dentures or crowns if damage or breakage was directly related to provider error. This type of replacement is the responsibility of the Dentist. If replacement is Necessary because of patient non-compliance, the patient is liable for the cost of replacement.
- 13 Services related to the temporomandibular joint (TMJ), either bilateral or unilateral. Upper and lower jaw bone surgery (including that related to the temporomandibular joint). No Coverage is provided for orthognathic surgery, jaw alignment, or treatment for the temporomandibular joint.
- 14 Charges for failure to keep a scheduled appointment without giving the dental office 24 hours notice.
- 15 Expenses for Dental Procedures begun prior to the Covered Person becoming enrolled under the Policy.
- 16 Fixed or removable prosthodontic restoration procedures for complete oral rehabilitation or reconstruction.
- 17 Attachments to conventional removable prostheses or fixed bridgework. This includes semi-precision or precision attachments associated with partial dentures, crown or bridge abutments, full or partial overdentures, any internal attachment associated with an implant prosthesis, and any elective endodontic procedure related to a tooth or root involved in the construction of a prosthesis of this nature.
- 18 Procedures related to the reconstruction of a patient's correct vertical dimension of occlusion (VDO).
- 19 Occlusal guards used as safety items or to affect performance primarily in sports-related activities.
- 20 Placement of fixed partial dentures solely for the purpose of achieving periodontal stability.
- 21 Services rendered by a provider with the same legal residence as a Covered Person or who is a member of a Covered Person's family, including spouse, brother, sister, parent or child. This exclusion does not apply for groups situated in the state of Arizona, in order to comply with state regulations.
- 22 Dental Services otherwise Covered under the Policy, but rendered after the date individual Coverage under the Policy terminates, including Dental Services for dental conditions arising prior to the date individual Coverage under the Policy terminates.
- 23 Acupuncture; acupressure and other forms of alternative treatment, whether or not used as anesthesia.
- 24 Orthodontic service Coverage does not include the installation of a space maintainer, any treatment related to treatment of the temporomandibular joint, or a surgical procedure to correct a malocclusion, replacement of retainers, habit appliances, and any fixed or removable interceptive orthodontic appliances previously submitted for payment under the plan.
- 25 Foreign Services are not Covered unless required as an Emergency.
- 26 Dental Services received as a result of war or any act of war, whether declared or undeclared or caused during service in the armed forces of any country.
- 27 Services for injuries or conditions covered by Worker's Compensation or employer liability laws, and services that are provided without cost to the Covered Person by any municipality, county, or other political subdivision. Covered Person by any municipality, county, or other political subdivision. This exclusion does not apply to any services covered by Medicaid or Medicare.

VISION INSURANCE

United Healthcare | <https://www.myuhcvision.com> | 1.800.638.3120

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

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

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

VISION MONTHLY PREMIUMS	
VSP CHOICE PLAN	
EMPLOYEE ONLY	\$7.04
EMPLOYEE + ONE	\$12.67
EMPLOYEE + FAMILY	\$19.71





Rockport-Fulton ISD

Vision Benefit Summary
Powered by UnitedHealthcare Vision Network
Customer Service and Provider Locator: (800) 638-3120
myuhcvision.com

UnitedHealthcare Vision has been trusted for more than 50 years to deliver affordable, innovative vision care solutions to the nation's leading employers through experienced, customer-focused people and the nation's most accessible, diversified vision care network.

Exam with Materials

Benefit Frequency	
Comprehensive Exam(s)	Once every 12 months
Eyeglass Lenses	Once every 12 months
Frames	Once every 12 months
Contact Lenses instead of Eyeglasses	Once every 12 months

In-Network Services

Copays	
Exam(s)	\$ 10.00
Eyeglasses (lenses and frame)	\$ 25.00
Contact lenses instead of Eyeglasses	\$ 25.00

Frame Benefit - for frames that exceed the allowance, an additional 30% discount may be applied to the coverage¹

Private Practice Provider	\$ 130.00 retail frame allowance
Retail Chain Provider	\$ 130.00 retail frame allowance

Lens Options - this list highlights the discounted cost on our most popular lens options. Exact pricing may vary; confirm cost with your provider prior to purchase.

Standard Scratch Coating	\$0
Scratch Warranty	\$10
Tint	\$14
UV Coating	\$16
Photochromic	\$67
Anti-Reflective Tier I	\$30
Anti-Reflective Tier II	\$50
Anti-Reflective Tier III	\$75
Anti-Reflective Tier IV	\$95
Roll and Polish Edges	\$13
Progressive Tier I	\$55
Progressive Tier II	\$100
Progressive Tier III	\$150
Progressive Tier IV	\$200
Progressive Tier V	\$250
High Index (<1.66)	\$53
High Index (1.66-1.73)	\$63
Polycarbonate for Adults	\$33
Polycarbonate for Dependent Children	\$0

Contact Lens Benefit² - Formulary contact lenses refer to contact lenses available on our formulary contact list. Contact lenses not on this list are referred to as Non-Formulary. A copy of the list can be found at myuhcvision.com.

<p>Formulary contact lenses The fitting/evaluation fees, contact lenses, and up to two follow-up visits are covered in full after copay.</p>	If you choose disposable contacts, up to 4 boxes are included when obtained from an in-network provider.
<p>Non-Formulary contact lenses An allowance is applied toward the purchase of contact lenses outside the Formulary. The allowance is for materials. No portion will be applied to the fitting and evaluation. Contact lens copay is waived.</p>	\$130.00
<p>Necessary contact lenses³</p>	Covered in full after copay (if applicable).

Children's and Maternity Eye Care Benefit

Members age 0-12 and members pregnant or breastfeeding are eligible for a 2nd exam 60 days after the initial exam. Members age 0-12 and members pregnant or breastfeeding are also eligible for a replacement frame and lenses if they have a prescription change of 0.5 diopter or more. The 2nd exam and replacement benefits are the same as the initial exam, frame and lens benefits.

Out-of-Network Reimbursements (Copays do not apply)

Exam(s)	Up To \$40.00
Frames	Up To \$45.00
Single Vision Lenses	Up To \$40.00
Lined Bifocal and Progressive Lenses	Up To \$60.00
Lined Trifocal Lenses	Up To \$80.00
Lenticular Lenses	Up To \$80.00
Elective Contacts instead of Eyeglasses ²	Up To \$130.00
Necessary Contacts instead of Eyeglasses ³	Up To \$210.00

Discounts

Laser vision

UnitedHealthcare has partnered with QualSight LASIK, the largest LASIK manager in the United States, to provide our members with access to discounted laser vision correction services. Member savings represent up to 35% off the national average price of Traditional LASIK. Contracted prices start at \$945 per eye for Traditional LASIK and \$1,395 per eye for Custom LASIK. Discounts are also provided on newer technologies such as Custom Bladeless (all laser) LASIK. For more information, visit myuhcvision.com.

Additional Material

At a participating in-network provider you will receive up to a 20% discount on an additional pair of eyeglasses or contact lenses. This program is available after your vision benefits have been exhausted. Please note that this discount shall not be considered insurance, and that UnitedHealthcare shall neither pay nor reimburse the provider or member for any funds owed or spent. Additional materials do not have to be purchased at the time of initial material purchase.

Contact Lens

Order extra contact lenses at uhcontacts.com for 10% off.

Hearing Aids

As a UnitedHealthcare Vision plan member, you can save on custom-programmed hearing aids when you buy them from UnitedHealthcare Hearing. To find out more go to UHCHearing.com. When placing your order use promo code MYVISION to get the special price discount.

Blue Light Eyesafe

UnitedHealthcare Vision has collaborated with Eyesafe® to provide members with a 20% discount off the retail price on blue-light screen filters for their devices. Members can receive the discount by visiting myuhcvision.com and clicking on the Eyesafe link.

¹30% discount available at most participating in-network provider locations. May exclude certain frame manufacturers. Please verify discounts with your provider.

²Contact lenses are instead of eyeglass lenses and/or eyeglass frames. Coverage for Formulary contact lenses does not apply at all in-network providers.

³Necessary contact lenses are determined at the provider's discretion for certain conditions. If your provider considers your contacts necessary, you should ask your provider to contact UnitedHealthcare Vision confirming the reimbursement that UnitedHealthcare will make before you purchase such contacts.

Important to Remember:

In-Network

- Always identify yourself as a UnitedHealthcare Vision member when making your appointment. This will assist the provider in obtaining your benefit information.
- Your participating provider will help you determine which contact lenses are available in the UnitedHealthcare Formulary.
- Patient lens options are subject to change.

Choice and Access of Vision Care Providers

UnitedHealthcare offers its vision program through a national network including both private practice and retail chain providers. To access the Provider Locator service or for a printed directory, visit our website myuhcvision.com or call (800) 638-3120, 24 hours a day, seven days a week. You may also view your benefits, search for a provider or print an ID card online at myuhcvision.com.

In-Network Provider - Copays and non-covered patient options are paid to provider by program participant at the time of service.

Out-of-Network Provider - Participant pays all billed charges to the provider, and UnitedHealthcare reimburses the participant for services rendered up to the maximum allowance. Copays do not apply to out-of-network benefits. Receipts for payments should be submitted within 90 days after the date of service to the following address: UnitedHealthcare Vision, Attn. Claims Department, P.O. Box 30978, Salt Lake City, UT 84130. If it was not reasonably possible to give written proof in the time required, the Company will not reduce or deny the claim for this reason. However, proof must be filed as soon as reasonably possible, but no later than 1 year after the date of service unless the Covered Person was legally incapacitated.

Customer Service is available toll-free at (800) 638-3120 from 8:00 a.m. to 11:00 p.m. Eastern Time Monday through Friday, and 9:00 a.m. to 6:30 p.m. Eastern Time on Saturday.

READ YOUR PLAN CAREFULLY - THIS BENEFIT SUMMARY PROVIDES A VERY BRIEF DESCRIPTION OF THE IMPORTANT FEATURES OF YOUR PLAN. THIS IS NOT THE INSURANCE CONTRACT. YOUR FULL RIGHTS AND BENEFITS ARE EXPRESSED IN THE ACTUAL PLAN DOCUMENTS THAT ARE AVAILABLE TO YOU UPON YOUR REQUEST TO US.

UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or its affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX, VPOL.13.TX or VPOL.18.TX and associated COC form number VCOC.INT.06.TX, VCOC.CER.13.TX or VCOC.18.TX. Plans sold in Virginia use policy form number VPOL.06.VA, VPOL.13.VA or VPOL.18.VA and associated COC form number VCOC.INT.06.VA, VCOC.CER.13.VA or VCOC.18.VA. If you opt to receive vision care services or vision care materials that are not covered benefits under this plan, a participating vision care provider may charge you their normal fee for such services or materials. Prior to providing you with vision care services or vision care materials that are not covered benefits, the vision care provider will provide you with an estimated cost for each service or material upon your request. This cost may be higher than if you had received only covered vision services and you may incur additional out-of-pocket expenses. Eyewear materials may be ordered through our national lab network.



Vision Benefit Card

Rockport-Fulton ISD

Copays

Exam(s)	\$10.00
Eyeglasses	\$25.00
Contacts	\$25.00

Powered by UnitedHealthcare Vision Network



myuhcvision.com

Customer Service & Provider Locator: (800) 638-3120
TDD for Hearing Impaired: (877) 735-2929

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 reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$610 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$610 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$610 will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2023 is \$3,050.

HIGHLIGHTS

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

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

DEPENDENT CARE FSA

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

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

HIGHLIGHTS

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

FSA RESOURCES

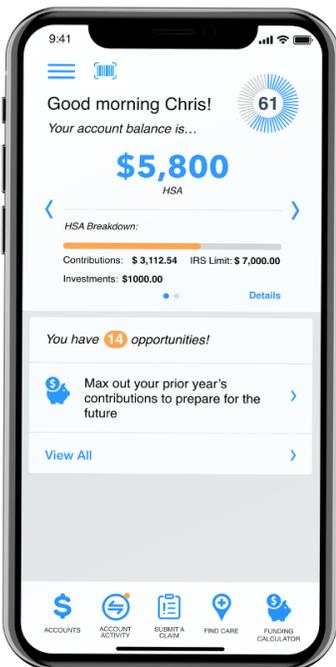
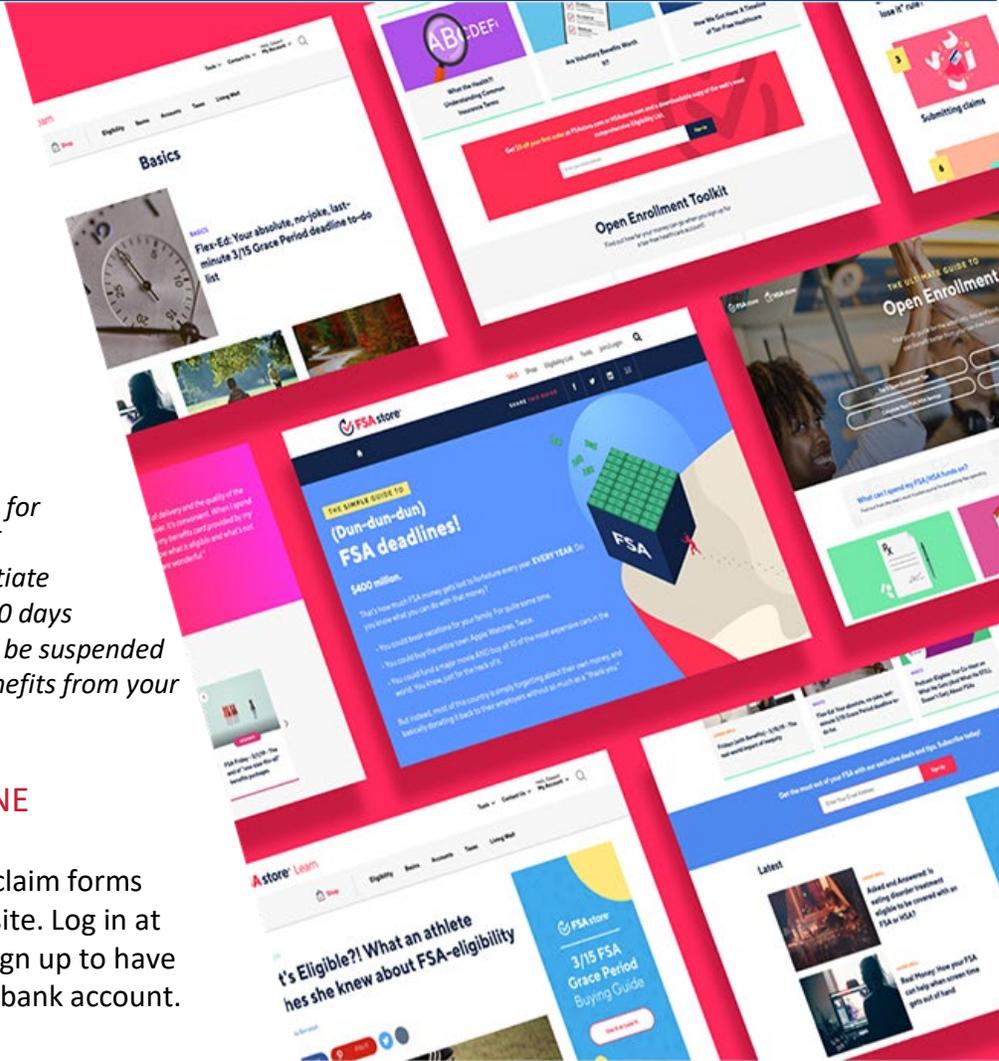
BENEFITS CARD

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

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

VIEW YOUR ACCOUNT DETAILS ONLINE

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



FF MOBILE ACCOUNT APP

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

FSA STORE

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



HEALTH SAVINGS ACCOUNTS

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

HEALTH SAVINGS ACCOUNTS

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

	2022	2023
HSA Contribution Limit	<ul style="list-style-type: none">Self Only: \$3,650Family: \$7,300	<ul style="list-style-type: none">Self Only: \$3,850Family: \$7,750
HDHP Minimum Deductibles	<ul style="list-style-type: none">Self Only: \$1,400Family: \$2,800	<ul style="list-style-type: none">Self Only: \$1,500Family: \$3,000
<i>\$1,000 catch-up contributions (age 55 or older)</i>		

HIGHLIGHTS

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

WHO CAN PARTICIPATE IN AN HSA?

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

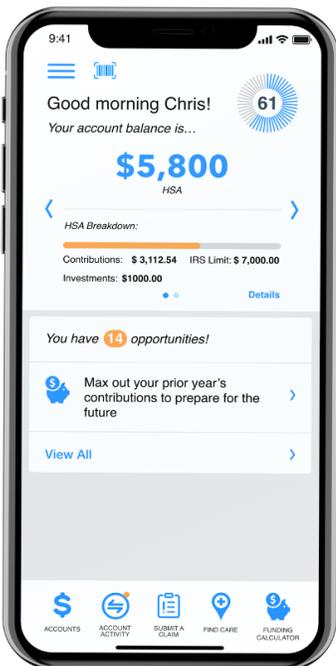
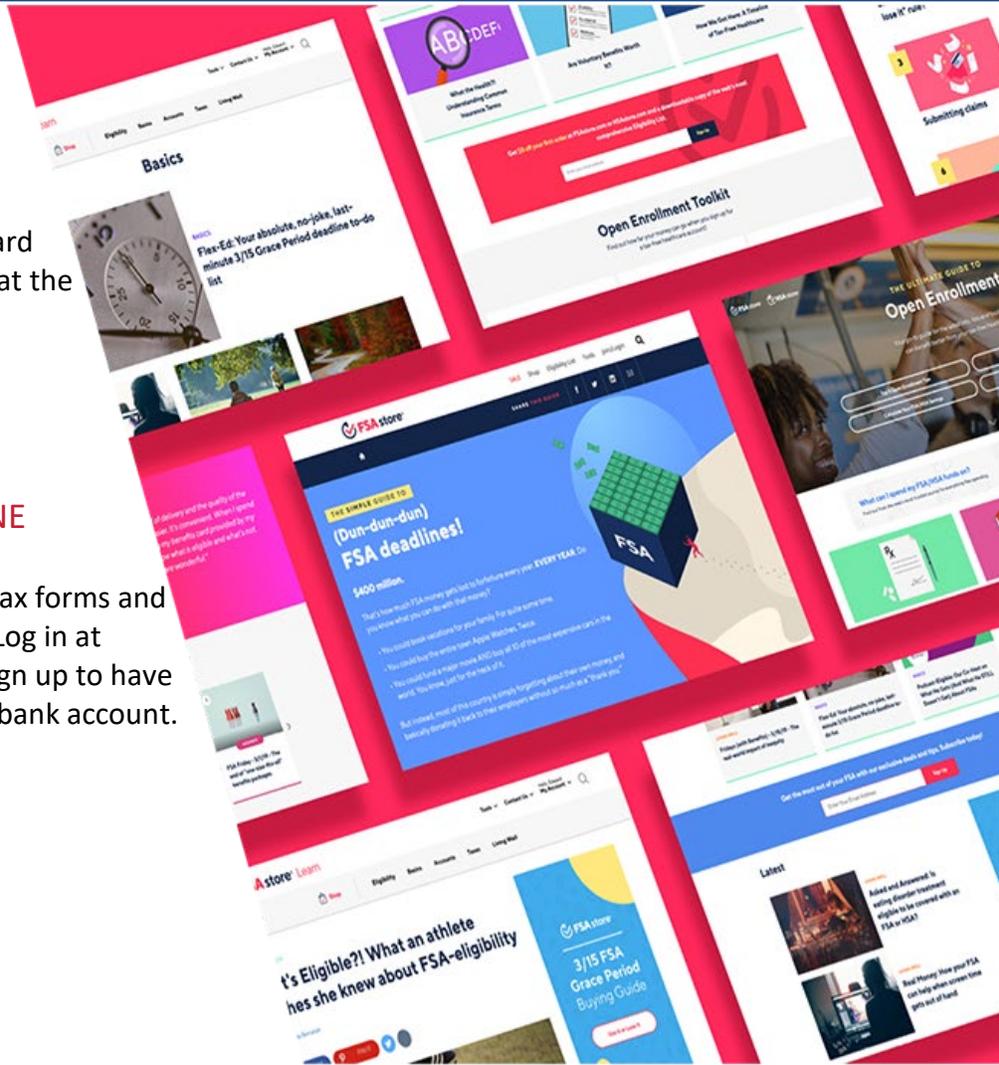
HSA RESOURCES

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 Store™ or Google Play Store™. View the FF Mobile Account App [User Guide](#) and [Quick Reference Guide](#).

HSA STORE

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



TERM LIFE & AD&D INSURANCE

Blue Cross Blue Shield of Texas | 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 \$20,000. 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. Because it's a group plan, premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides. Limitations apply, please see policy for details. Visit the Employee Benefits Center for more details.

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.



WOW!

LIFE INSURANCE YOU CAN KEEP!

LIFE INSURANCE HIGHLIGHTS

For the employee



IT'S AFFORDABLE
YOU OWN IT



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



YOU CAN COVER YOUR SPOUSE, CHILDREN
AND GRANDCHILDREN, TOO¹



YOU CAN GET A LIVING BENEFIT IF YOU
BECOME TERMINALLY ILL²



YOU PAY FOR IT THROUGH CONVENIENT
PAYROLL DEDUCTIONS: NO CHECKS TO
WRITE OR LINKS TO CLICK



YOU CAN GET CASH TO COVER
LIVING EXPENSES IF YOU BECOME
CHRONICALLY ILL³



YOU CAN QUALIFY BY ANSWERING JUST 3 QUESTIONS - NO EXAM 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?



TEXASLIFE INSURANCE COMPANY

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

ADDITIONAL POLICY BENEFITS

Accelerated Death Benefit Due to Chronic Illness Rider

Optional for employees at an additional cost, this valuable living benefit can help offset the unplanned expense of care should the insured be faced with a disabling chronic illness or serious cognitive impairment.

Here's how it works:

- If you're no longer able to perform any two of the six activities of daily living (eating, bathing, dressing, toileting, transferring, maintaining continence) or if you suffer serious cognitive impairment, you can receive a living benefit.⁴
 - Example: You own a \$100,000 Texas Life insurance policy with the Chronic Illness rider. A medical professional certifies that you can no longer perform 2 of the 6 activities or have suffered serious cognitive impairment, you can receive \$92,000 minus a \$150 processing fee.³
- The money is yours to do with as you choose: you do not have to go to a nursing home, convalescent center or receive home health care to receive the cash.
- The cost to add this valuable living benefit to your life insurance policy is minimal – just 10% of the policy's base premium.

For pennies a day, you can get both a living benefit, should you need it, and a death benefit if you don't.

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

² Conditions apply. See rider for details. Form ICC07-ULABR-07 or Form Series ULABR-07.

³ The Accelerated Death Benefit Rider for Chronic Illness is available for an additional cost for employees only. This rider pays 92% of the insurance proceeds less a \$150 administration fee (\$100 in FL) in lieu of the benefit payable at death. Conditions apply. Any outstanding loans will reduce the cash value and death benefit. Contract Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15.

⁴ Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.



DO NOT CROSS

Accidental Death Benefit Rider

Included in the contract at the option of your employer, the Accidental Death Benefit Rider covers all employees and spouses between the ages of 17-59.⁶ This rider costs \$0.08 per thousand of the face amount per month and pays the insured's beneficiary double the death benefit if the insured dies within 180 days of an accident from injuries incurred in that accident (90 days in DE, FL, ND, and SD).⁷ The benefit is payable through the insured's age 65. Maximum in-force limits and exclusions apply. See the complete list of exceptions to coverage on the following page.

According to the Center for Disease Control, accidents are the third leading cause of death in the U.S.⁵

⁵ Heron, Melonie, PhD. "Deaths: Leading Causes for 2017." National Vital Statistics Reports, Volume 68, Number 6, June 24, 2019.

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

⁷ Rider details vary by state. Conditions apply. See contract for complete coverage description. Form ICC07-ULABR-07 or Form Series ULABR-07

ACCIDENTAL DEATH BENEFIT RIDER EXCEPTIONS TO COVERAGE

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

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

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

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

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

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

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?



Long-Term Disability Income Insurance

ESC Regions 1, 2 & 3



*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 8th day of Disability due to a covered Injury or Sickness.
- Plan II** - On the 15th day of Disability due to a covered Injury or Sickness.
- Plan III** - On the 31st day of Disability due to a covered Injury or Sickness.
- Plan IV** - On the 61st day of Disability due to a covered Injury or Sickness.
- Plan V** - On the 91st day of Disability due to a covered Injury or Sickness.
- Plan VI** - On the 151st day of Disability due to a covered Injury or Sickness.

Injury means physical harm or damage to the body you sustained which results directly from an accidental bodily injury, is independent of disease or bodily infirmity; and takes place while your coverage is 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 180 calendar days from the date of disability.

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

Minimum Disability Benefit

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

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

For the first 6 months you are disabled due to a covered disability and not working, we will pay the disability benefit described in the benefit schedule. After 6 months, your disability payment will be the disability benefit described in the benefit schedule less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

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

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 mean: chronic fatigue syndrome; fibromyalgia; any disease, disorder, accident or injury of the neck or back not resulting in hemiplegia, paraplegia, or quadriplegia; environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and self-reported symptoms. Self-reported symptoms are symptoms that the insured tells their physician that are not verifiable using tests, procedures or clinical examinations. Examples include: headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or loss of energy.

Pre-Existing Condition Limitation

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

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

Any increase in benefits will be subject to this pre-existing condition limitation. A new pre-existing condition period must be 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 3 month period immediately before your effective date of coverage. The term pre-existing condition will also include conditions which are related to such disease, injury, sickness, physical condition, or mental illness.

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 (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$8.00	\$7.28	\$5.80	\$4.92	\$4.16	\$3.12
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$12.00	\$10.92	\$8.70	\$7.38	\$6.24	\$4.68
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$16.00	\$14.56	\$11.60	\$9.84	\$8.32	\$6.24
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$20.00	\$18.20	\$14.50	\$12.30	\$10.40	\$7.80
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$24.00	\$21.84	\$17.40	\$14.76	\$12.48	\$9.36
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$28.00	\$25.48	\$20.30	\$17.22	\$14.56	\$10.92
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$32.00	\$29.12	\$23.20	\$19.68	\$16.64	\$12.48
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$36.00	\$32.76	\$26.10	\$22.14	\$18.72	\$14.04
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$40.00	\$36.40	\$29.00	\$24.60	\$20.80	\$15.60
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$44.00	\$40.04	\$31.90	\$27.06	\$22.88	\$17.16
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$48.00	\$43.68	\$34.80	\$29.52	\$24.96	\$18.72
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$52.00	\$47.32	\$37.70	\$31.98	\$27.04	\$20.28
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$56.00	\$50.96	\$40.60	\$34.44	\$29.12	\$21.84
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$60.00	\$54.60	\$43.50	\$36.90	\$31.20	\$23.40
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$64.00	\$58.24	\$46.40	\$39.36	\$33.28	\$24.96
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$68.00	\$61.88	\$49.30	\$41.82	\$35.36	\$26.52
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$72.00	\$65.52	\$52.20	\$44.28	\$37.44	\$28.08
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$76.00	\$69.16	\$55.10	\$46.74	\$39.52	\$29.64
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$80.00	\$72.80	\$58.00	\$49.20	\$41.60	\$31.20
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$84.00	\$76.44	\$60.90	\$51.66	\$43.68	\$32.76
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$88.00	\$80.08	\$63.80	\$54.12	\$45.76	\$34.32
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$92.00	\$83.72	\$66.70	\$56.58	\$47.84	\$35.88
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$96.00	\$87.36	\$69.60	\$59.04	\$49.92	\$37.44
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$100.00	\$91.00	\$72.50	\$61.50	\$52.00	\$39.00
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$104.00	\$94.64	\$75.40	\$63.96	\$54.08	\$40.56
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$108.00	\$98.28	\$78.30	\$66.42	\$56.16	\$42.12
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$112.00	\$101.92	\$81.20	\$68.88	\$58.24	\$43.68
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$116.00	\$105.56	\$84.10	\$71.34	\$60.32	\$45.24
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$120.00	\$109.20	\$87.00	\$73.80	\$62.40	\$46.80
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$124.00	\$112.84	\$89.90	\$76.26	\$64.48	\$48.36
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$128.00	\$116.48	\$92.80	\$78.72	\$66.56	\$49.92
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$132.00	\$120.12	\$95.70	\$81.18	\$68.64	\$51.48
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$136.00	\$123.76	\$98.60	\$83.64	\$70.72	\$53.04
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$140.00	\$127.40	\$101.50	\$86.10	\$72.80	\$54.60
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$144.00	\$131.04	\$104.40	\$88.56	\$74.88	\$56.16
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$148.00	\$134.68	\$107.30	\$91.02	\$76.96	\$57.72
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$152.00	\$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 (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$156.00	\$141.96	\$113.10	\$95.94	\$81.12	\$60.84
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$160.00	\$145.60	\$116.00	\$98.40	\$83.20	\$62.40
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$164.00	\$149.24	\$118.90	\$100.86	\$85.28	\$63.96
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$168.00	\$152.88	\$121.80	\$103.32	\$87.36	\$65.52
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$172.00	\$156.52	\$124.70	\$105.78	\$89.44	\$67.08
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$176.00	\$160.16	\$127.60	\$108.24	\$91.52	\$68.64
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$180.00	\$163.80	\$130.50	\$110.70	\$93.60	\$70.20
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$184.00	\$167.44	\$133.40	\$113.16	\$95.68	\$71.76
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$188.00	\$171.08	\$136.30	\$115.62	\$97.76	\$73.32
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$192.00	\$174.72	\$139.20	\$118.08	\$99.84	\$74.88
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$196.00	\$178.36	\$142.10	\$120.54	\$101.92	\$76.44
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$200.00	\$182.00	\$145.00	\$123.00	\$104.00	\$78.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$204.00	\$185.64	\$147.90	\$125.46	\$106.08	\$79.56
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$208.00	\$189.28	\$150.80	\$127.92	\$108.16	\$81.12
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$212.00	\$192.92	\$153.70	\$130.38	\$110.24	\$82.68
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$216.00	\$196.56	\$156.60	\$132.84	\$112.32	\$84.24
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$220.00	\$200.20	\$159.50	\$135.30	\$114.40	\$85.80
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$224.00	\$203.84	\$162.40	\$137.76	\$116.48	\$87.36
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$228.00	\$207.48	\$165.30	\$140.22	\$118.56	\$88.92
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$232.00	\$211.12	\$168.20	\$142.68	\$120.64	\$90.48
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$236.00	\$214.76	\$171.10	\$145.14	\$122.72	\$92.04
\$8,572.00 - \$8,713.99	\$6,000.00	\$20,000.00	\$240.00	\$218.40	\$174.00	\$147.60	\$124.80	\$93.60
\$8,714.00 - \$8,856.99	\$6,100.00	\$20,000.00	\$244.00	\$222.04	\$176.90	\$150.06	\$126.88	\$95.16
\$8,857.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$248.00	\$225.68	\$179.80	\$152.52	\$128.96	\$96.72
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$252.00	\$229.32	\$182.70	\$154.98	\$131.04	\$98.28
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$256.00	\$232.96	\$185.60	\$157.44	\$133.12	\$99.84
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$260.00	\$236.60	\$188.50	\$159.90	\$135.20	\$101.40
\$9,429.00 - \$9,570.99	\$6,600.00	\$20,000.00	\$264.00	\$240.24	\$191.40	\$162.36	\$137.28	\$102.96
\$9,571.00 - \$9,713.99	\$6,700.00	\$20,000.00	\$268.00	\$243.88	\$194.30	\$164.82	\$139.36	\$104.52
\$9,714.00 - \$9,856.99	\$6,800.00	\$20,000.00	\$272.00	\$247.52	\$197.20	\$167.28	\$141.44	\$106.08
\$9,857.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$276.00	\$251.16	\$200.10	\$169.74	\$143.52	\$107.64
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$280.00	\$254.80	\$203.00	\$172.20	\$145.60	\$109.20
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$284.00	\$258.44	\$205.90	\$174.66	\$147.68	\$110.76
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$288.00	\$262.08	\$208.80	\$177.12	\$149.76	\$112.32
\$10,429.00 - \$10,570.99	\$7,300.00	\$20,000.00	\$292.00	\$265.72	\$211.70	\$179.58	\$151.84	\$113.88
\$10,571.00 - \$10,713.99	\$7,400.00	\$20,000.00	\$296.00	\$269.36	\$214.60	\$182.04	\$153.92	\$115.44
\$10,714.00 - \$10,856.99	\$7,500.00	\$20,000.00	\$300.00	\$273.00	\$217.50	\$184.50	\$156.00	\$117.00

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

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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Long-Term Disability Income Insurance

ESC Regions 1, 2 & 3



*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 8th day of Disability due to a covered Injury or Sickness.
- Plan II** - On the 15th day of Disability due to a covered Injury or Sickness.
- Plan III** - On the 31st day of Disability due to a covered Injury or Sickness.
- Plan IV** - On the 61st day of Disability due to a covered Injury or Sickness.
- Plan V** - On the 91st day of Disability due to a covered Injury or Sickness.
- Plan VI** - On the 151st day of Disability due to a covered Injury or Sickness.

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

Plan I-III only: If you are hospital confined due to a covered Injury or Sickness, your Hospital Confinement Benefit will be paid for any days of that confinement occurring before the day your Monthly Disability Benefit would otherwise begin.



Benefits Are Payable

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

For Injury

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.

For Sickness

Age	Maximum Benefit Period
Under 65	5 Years
65 through 68	To Age 70
69 or Older	1 Year

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.

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.

Plan I-III: This benefit will begin on your first day of Hospital confinement. The remainder of your elimination period will be waived.

Plan IV-VI: 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 180 calendar days from the date of disability.

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

Minimum Disability Benefit

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

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

For the first 6 months you are disabled due to a covered disability and not working, we will pay the disability benefit described in the benefit schedule. After 6 months, your disability payment will be the disability benefit described in the benefit schedule less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

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

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.



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.

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

No Disability Benefit will be payable if Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the Policy for 24 months. 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.

Benefit Policy Schedule

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

Monthly Salary	Monthly Disability Benefit	Monthly Premiums					
		Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$300.00 - \$449.99	\$200.00	\$6.56	\$5.60	\$5.16	\$2.84	\$2.12	\$1.36
\$450.00 - \$599.99	\$300.00	\$9.84	\$8.40	\$7.74	\$4.26	\$3.18	\$2.04
\$600.00 - \$749.99	\$400.00	\$13.12	\$11.20	\$10.32	\$5.68	\$4.24	\$2.72
\$750.00 - \$899.99	\$500.00	\$16.40	\$14.00	\$12.90	\$7.10	\$5.30	\$3.40
\$900.00 - \$1,049.99	\$600.00	\$19.68	\$16.80	\$15.48	\$8.52	\$6.36	\$4.08
\$1,050.00 - \$1,199.99	\$700.00	\$22.96	\$19.60	\$18.06	\$9.94	\$7.42	\$4.76
\$1,200.00 - \$1,349.99	\$800.00	\$26.24	\$22.40	\$20.64	\$11.36	\$8.48	\$5.44
\$1,350.00 - \$1,499.99	\$900.00	\$29.52	\$25.20	\$23.22	\$12.78	\$9.54	\$6.12
\$1,500.00 - \$1,649.99	\$1,000.00	\$32.80	\$28.00	\$25.80	\$14.20	\$10.60	\$6.80
\$1,650.00 - \$1,799.99	\$1,100.00	\$36.08	\$30.80	\$28.38	\$15.62	\$11.66	\$7.48
\$1,800.00 - \$1,949.99	\$1,200.00	\$39.36	\$33.60	\$30.96	\$17.04	\$12.72	\$8.16
\$1,950.00 - \$2,099.99	\$1,300.00	\$42.64	\$36.40	\$33.54	\$18.46	\$13.78	\$8.84
\$2,100.00 - \$2,249.99	\$1,400.00	\$45.92	\$39.20	\$36.12	\$19.88	\$14.84	\$9.52
\$2,250.00 - \$2,399.99	\$1,500.00	\$49.20	\$42.00	\$38.70	\$21.30	\$15.90	\$10.20
\$2,400.00 - \$2,549.99	\$1,600.00	\$52.48	\$44.80	\$41.28	\$22.72	\$16.96	\$10.88
\$2,550.00 - \$2,699.99	\$1,700.00	\$55.76	\$47.60	\$43.86	\$24.14	\$18.02	\$11.56
\$2,700.00 - \$2,849.99	\$1,800.00	\$59.04	\$50.40	\$46.44	\$25.56	\$19.08	\$12.24
\$2,850.00 - \$2,999.99	\$1,900.00	\$62.32	\$53.20	\$49.02	\$26.98	\$20.14	\$12.92
\$3,000.00 - \$3,149.99	\$2,000.00	\$65.60	\$56.00	\$51.60	\$28.40	\$21.20	\$13.60
\$3,150.00 - \$3,299.99	\$2,100.00	\$68.88	\$58.80	\$54.18	\$29.82	\$22.26	\$14.28
\$3,300.00 - \$3,449.99	\$2,200.00	\$72.16	\$61.60	\$56.76	\$31.24	\$23.32	\$14.96
\$3,450.00 - \$3,599.99	\$2,300.00	\$75.44	\$64.40	\$59.34	\$32.66	\$24.38	\$15.64
\$3,600.00 - \$3,749.99	\$2,400.00	\$78.72	\$67.20	\$61.92	\$34.08	\$25.44	\$16.32
\$3,750.00 - \$3,899.99	\$2,500.00	\$82.00	\$70.00	\$64.50	\$35.50	\$26.50	\$17.00
\$3,900.00 - \$4,049.99	\$2,600.00	\$85.28	\$72.80	\$67.08	\$36.92	\$27.56	\$17.68
\$4,050.00 - \$4,199.99	\$2,700.00	\$88.56	\$75.60	\$69.66	\$38.34	\$28.62	\$18.36
\$4,200.00 - \$4,349.99	\$2,800.00	\$91.84	\$78.40	\$72.24	\$39.76	\$29.68	\$19.04
\$4,350.00 - \$4,499.99	\$2,900.00	\$95.12	\$81.20	\$74.82	\$41.18	\$30.74	\$19.72
\$4,500.00 - \$4,649.99	\$3,000.00	\$98.40	\$84.00	\$77.40	\$42.60	\$31.80	\$20.40
\$4,650.00 - \$4,799.99	\$3,100.00	\$101.68	\$86.80	\$79.98	\$44.02	\$32.86	\$21.08
\$4,800.00 - \$4,949.99	\$3,200.00	\$104.96	\$89.60	\$82.56	\$45.44	\$33.92	\$21.76
\$4,950.00 - \$5,099.99	\$3,300.00	\$108.24	\$92.40	\$85.14	\$46.86	\$34.98	\$22.44
\$5,100.00 - \$5,249.99	\$3,400.00	\$111.52	\$95.20	\$87.72	\$48.28	\$36.04	\$23.12
\$5,250.00 - \$5,399.99	\$3,500.00	\$114.80	\$98.00	\$90.30	\$49.70	\$37.10	\$23.80
\$5,400.00 - \$5,549.99	\$3,600.00	\$118.08	\$100.80	\$92.88	\$51.12	\$38.16	\$24.48
\$5,550.00 - \$5,699.99	\$3,700.00	\$121.36	\$103.60	\$95.46	\$52.54	\$39.22	\$25.16
\$5,700.00 - \$5,849.99	\$3,800.00	\$124.64	\$106.40	\$98.04	\$53.96	\$40.28	\$25.84

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 66^{2/3}% of your Monthly Compensation.

Monthly Salary	Monthly Disability Benefit	Monthly Premiums					
		Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,850.00 - \$5,999.99	\$3,900.00	\$127.92	\$109.20	\$100.62	\$55.38	\$41.34	\$26.52
\$6,000.00 - \$6,149.99	\$4,000.00	\$131.20	\$112.00	\$103.20	\$56.80	\$42.40	\$27.20
\$6,150.00 - \$6,299.99	\$4,100.00	\$134.48	\$114.80	\$105.78	\$58.22	\$43.46	\$27.88
\$6,300.00 - \$6,449.99	\$4,200.00	\$137.76	\$117.60	\$108.36	\$59.64	\$44.52	\$28.56
\$6,450.00 - \$6,599.99	\$4,300.00	\$141.04	\$120.40	\$110.94	\$61.06	\$45.58	\$29.24
\$6,600.00 - \$6,749.99	\$4,400.00	\$144.32	\$123.20	\$113.52	\$62.48	\$46.64	\$29.92
\$6,750.00 - \$6,899.99	\$4,500.00	\$147.60	\$126.00	\$116.10	\$63.90	\$47.70	\$30.60
\$6,900.00 - \$7,049.99	\$4,600.00	\$150.88	\$128.80	\$118.68	\$65.32	\$48.76	\$31.28
\$7,050.00 - \$7,199.99	\$4,700.00	\$154.16	\$131.60	\$121.26	\$66.74	\$49.82	\$31.96
\$7,200.00 - \$7,349.99	\$4,800.00	\$157.44	\$134.40	\$123.84	\$68.16	\$50.88	\$32.64
\$7,350.00 - \$7,499.99	\$4,900.00	\$160.72	\$137.20	\$126.42	\$69.58	\$51.94	\$33.32
\$7,500.00 - \$7,649.99	\$5,000.00	\$164.00	\$140.00	\$129.00	\$71.00	\$53.00	\$34.00
\$7,650.00 - \$7,799.99	\$5,100.00	\$167.28	\$142.80	\$131.58	\$72.42	\$54.06	\$34.68
\$7,800.00 - \$7,949.99	\$5,200.00	\$170.56	\$145.60	\$134.16	\$73.84	\$55.12	\$35.36
\$7,950.00 - \$8,099.99	\$5,300.00	\$173.84	\$148.40	\$136.74	\$75.26	\$56.18	\$36.04
\$8,100.00 - \$8,249.99	\$5,400.00	\$177.12	\$151.20	\$139.32	\$76.68	\$57.24	\$36.72
\$8,250.00 - \$8,399.99	\$5,500.00	\$180.40	\$154.00	\$141.90	\$78.10	\$58.30	\$37.40
\$8,400.00 - \$8,549.99	\$5,600.00	\$183.68	\$156.80	\$144.48	\$79.52	\$59.36	\$38.08
\$8,550.00 - \$8,699.99	\$5,700.00	\$186.96	\$159.60	\$147.06	\$80.94	\$60.42	\$38.76
\$8,700.00 - \$8,849.99	\$5,800.00	\$190.24	\$162.40	\$149.64	\$82.36	\$61.48	\$39.44
\$8,850.00 - \$8,999.99	\$5,900.00	\$193.52	\$165.20	\$152.22	\$83.78	\$62.54	\$40.12
\$9,000.00 - \$9,149.99	\$6,000.00	\$196.80	\$168.00	\$154.80	\$85.20	\$63.60	\$40.80
\$9,150.00 - \$9,299.99	\$6,100.00	\$200.08	\$170.80	\$157.38	\$86.62	\$64.66	\$41.48
\$9,300.00 - \$9,449.99	\$6,200.00	\$203.36	\$173.60	\$159.96	\$88.04	\$65.72	\$42.16
\$9,450.00 - \$9,599.99	\$6,300.00	\$206.64	\$176.40	\$162.54	\$89.46	\$66.78	\$42.84
\$9,600.00 - \$9,749.99	\$6,400.00	\$209.92	\$179.20	\$165.12	\$90.88	\$67.84	\$43.52
\$9,750.00 - \$9,899.99	\$6,500.00	\$213.20	\$182.00	\$167.70	\$92.30	\$68.90	\$44.20
\$9,900.00 - \$10,049.99	\$6,600.00	\$216.48	\$184.80	\$170.28	\$93.72	\$69.96	\$44.88
\$10,050.00 - \$10,199.99	\$6,700.00	\$219.76	\$187.60	\$172.86	\$95.14	\$71.02	\$45.56
\$10,200.00 - \$10,349.99	\$6,800.00	\$223.04	\$190.40	\$175.44	\$96.56	\$72.08	\$46.24
\$10,350.00 - \$10,499.99	\$6,900.00	\$226.32	\$193.20	\$178.02	\$97.98	\$73.14	\$46.92
\$10,500.00 - \$10,649.99	\$7,000.00	\$229.60	\$196.00	\$180.60	\$99.40	\$74.20	\$47.60
\$10,650.00 - \$10,799.99	\$7,100.00	\$232.88	\$198.80	\$183.18	\$100.82	\$75.26	\$48.28
\$10,800.00 - \$10,949.99	\$7,200.00	\$236.16	\$201.60	\$185.76	\$102.24	\$76.32	\$48.96
\$10,950.00 - \$11,099.99	\$7,300.00	\$239.44	\$204.40	\$188.34	\$103.66	\$77.38	\$49.64
\$11,100.00 - \$11,249.99	\$7,400.00	\$242.72	\$207.20	\$190.92	\$105.08	\$78.44	\$50.32
\$11,250.00 - \$11,399.99	\$7,500.00	\$246.00	\$210.00	\$193.50	\$106.50	\$79.50	\$51.00

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

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

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

It is likely that your major medical coverage will not cover all the costs associated with a cancer diagnosis. Supplementing your major medical with cancer insurance may help you pay for related expenses, such as copays and deductibles, specialists, experimental treatment, specialty hospitals, travel expenses, in-home care and more.

Premiums are paid through convenient payroll deduction to ensure your policy remains in force if you should need it. Benefits are paid directly to you, so you can choose how to spend the money. Visit the Employee Benefits Center and view policy for more details.



AF™ Group Cancer Insurance

Focus on the fight.

A cancer diagnosis may be both a physical and emotional drain. But thanks to advances in medicine and procedures to treat cancer, more and more people are beating the disease. However, with the arrival of these advances also comes the continuing rise in the cost of cancer treatment.

AF™ **Limited Benefit Group Cancer Insurance** offers a solution to help you and your family focus on fighting the disease.

Did You Know?

New cancer cases in America are diagnosed at the rate of about 4,626 per day.

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

Plan Highlights

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

Cancer Insurance Benefits

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

Example cancer insurance benefits include:



Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for our AFQuickClaims®.



Travel Expenses

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

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Choose Your Coverage

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

TREATMENT BENEFITS	BASIC	ENHANCED PLUS
Donor Benefit	\$1,000/donation	
Drugs and Medicine Benefit		
Inpatient (payable per confinement)	\$50	\$200
Outpatient (\$50/prescription/calendar month up to max shown)	\$50	\$100
Attending Physician Benefit (while hospital confined)	\$50/day	\$50/day
Transportation & Lodging Benefit (Patient & Family Member)		
Transportation (\$1,500 max per round trip; max 12 trips/calendar year)	Coach fare or \$.50/mile by car	Coach fare or \$.50/mile by car
Lodging (per day up to 90 days per calendar year)	\$50	\$75
Ambulance Benefit		
Ground (per trip, up to 2 per confinement)	\$200	\$200
Air (per trip, up to 2 per confinement)	\$2,000	\$2,000
Physical or Speech Therapy Benefit (per visit up to 4 per calendar month - lifetime max of \$1,000)	\$50	\$50
Diagnostic and Prevention Benefit (one per calendar year)	\$25	\$75
Cancer Screening Follow-Up Benefit (one per calendar year)	\$25	\$75
Waiver of Premium (employee only)	After 90 days of continuous disability	
Internal Cancer Diagnosis Benefit (paid once/Covered Person/Lifetime; Benefits reduce 50% at age 70)	\$2,500	\$5,000
Heart Attack or Stroke Diagnosis Benefit (paid once/covered person/lifetime; benefits reduce 50% at age 70)	N/A	\$5,000
Hospital Intensive Care Unit Benefit (per day; max 30 days/confinement; benefits reduce 50% at age 70)		\$600
Ambulance		\$100

Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

Monthly Premium

	BASIC	ENHANCED PLUS
Individual	\$15.80	\$31.62
Family	\$26.86	\$53.80

The premium and amount of benefits provided vary depending upon the plan selected.

Plan Benefit Highlights

Only loss for cancer Unless otherwise indicated, benefits are payable only for loss pays only for loss resulting from definitive Cancer diagnosis or treatment including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. The Policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The Policy does not cover any other disease, sickness, or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically covered under the Dread Disease Benefit or Hospital Intensive Care Unit Benefit; or Heart Attack or Stroke Diagnosis Benefit, if included.

Cancer Means a disease which is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function, or spread (local or distant) of cells in any part of the body. This includes cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or having malignant potential such as: leukoplakia; hyperplasia; acquired immune deficiency syndrome (AIDS); polycythemia; actinic keratosis; aplastic anemia; atypia; non-malignant monoclonal gammopathy; or pre-malignant lesions, benign tumors or polyps.

Such Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. Pathologic interpretation of the histology of skin lesions will be accepted from dermatologists certified by the American Board of Dermatopathology. Diagnosis must be made based on a microscopic examination of fixed tissue, or preparations from the hemic system (either during life or post-mortem). The pathologist establishing the diagnosis shall base his judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue and/or specimen.

Radiation Therapy, Chemotherapy or Immunotherapy Benefit We will pay the actual charges up to the benefit listed in the schedule per 12 month period. If Proof of Loss regarding actual charges for treatment is not submitted, we will pay the daily amount shown in your certificate for each day treatment is received, up to the actual charges maximum per 12-month period. Upon receipt of actual charges Proof of Loss, we will pay the difference, up to the maximum per 12-month period. Actual charges are the amount actually paid by or on behalf of the Covered Person and accepted by the provider for services provided.

This benefit does not cover other related procedures such as treatment planning, treatment management or consultation, design and construction of treatment devices, radiation dosimetry calculation, lab tests, x-rays, scans, medical supplies and equipment used in administration (IV solutions, needles, dressings, pumps, catheters, etc.).

Administrative and Lab Work Benefit Paid only if the Covered Person is also receiving the Radiation Therapy, Chemotherapy or Immunotherapy Benefit during the same calendar month.

Hormone Therapy Benefit Drugs and medicines covered under the Drugs and Medicine Benefit or the Radiation Therapy, Chemotherapy or Immunotherapy Benefit are not included. This benefit does not cover associated administrative processes.

Experimental Treatment Benefit Benefits for experimental treatment prescribed by a physician for treatment of Cancer will be provided the same as non-experimental treatment. Coverage for treatments received outside of the United States or its territories is not provided.

Blood, Plasma and Platelets Benefit Laboratory processes are not included. Colony stimulating factors are not covered. Benefits for blood, plasma and platelets are only provided under this benefit.

Medical Imaging Benefit Payable for a Covered Person who has been diagnosed with Cancer who receives either an MRI, CT scan, CAT scan, PET scan, or RAIU (thyroid) test when performed at the request of a physician.

Surgical Benefit Payable when a surgical operation is performed for covered diagnosed Cancer, Skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current Physician's Relative Value Table, by the unit dollar amount shown in your certificate schedule. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries, surgeries to implant a permanent prosthetic device, surgeries required for administration of Radiation Therapy, Chemotherapy or Immunotherapy are not covered under this benefit.

Anesthesia Benefit Services of an anesthesiologist for Skin Cancer or surgical prosthesis implantation are not covered.

Second and Third Surgical Opinion Benefit Payable once per diagnosis of Cancer for a second surgical opinion, and a third if the second disagrees with the first. Surgical opinions for reconstructive, Skin Cancer, or prosthesis surgeries are not covered.

Outpatient Hospital or Ambulatory Surgical Center Benefit Surgical procedures for Skin Cancer are not covered.

Bone Marrow or Stem Cell Transplant Benefit Harvesting of bone marrow or stem cells from a donor are not covered under this benefit.

Prosthesis and Orthotic Benefit and Related Services Payable for a Prosthetic or Orthotic Device and, if surgery required, its surgical implantation. Prosthetic related supplies such as special bras or ostomy pouches and supplies are not covered. Benefits for a hair prosthesis will only be covered under the Hair Prosthesis Benefit.

Covered benefits under this provision are limited to the most appropriate model of Prosthetic Device or Orthotic Device that adequately meets the medical needs of the Covered Person as determined by the Covered Person's treating Physician or podiatrist and prosthetist or orthotist, as applicable. The Prosthesis Benefit will include repair and replacement of a Prosthetic Device or Orthotic Device, unless the repair or replacement is necessitated by misuse by the Covered Person.

Hospital Confinement Benefit Pays when the Covered Person requires Hospital confinement for at least 18 continuous hours. Hospital shall not include an institution, or part thereof, used by the Covered Person as a place for rehabilitation; a hospice unit, including any bed designated as a hospice or swing bed; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

U.S. Government or Charity Hospital Benefit Payable when an itemized list of services is not available and the Covered Person is confined in a charity Hospital or a Hospital owned or operated by the U.S. government as a result of Cancer or Dread Disease or covered under a Diagnostic Related Group where no charges are made to the Covered Person for treatment of Cancer or Dread Disease. This benefit will be paid in lieu of most benefits listed on the schedule.

Extended Care Facility Benefit Pays a daily benefit for physician authorized confinement that begins within 14 days after a Hospital confinement.

Home Health Care Benefit Pays a daily benefit for physician authorized private nursing care that begins within 14 days of a hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services, or physical or speech therapy.

Plan Benefit Highlights (cont.)

Hospice Care Benefit Pays a daily benefit when a physician determines terminal illness with life expectancy of 6 months or less and approves hospice care at home or in a hospice facility. This benefit does not include well baby care, volunteer services, meals, housekeeping services, or family support after the death.

Inpatient Special Nursing Services Benefit Pays a daily benefit when receiving physician authorized special nursing care (other than that regularly furnished by a Hospital) of at least 8 consecutive hours during a 24 hour period.

Dread Disease Benefit Covered Dread Diseases are: Addison's Disease; Amyotrophic Lateral Sclerosis; Cystic Fibrosis; Diphtheria; Encephalitis; Grand Mal Epilepsy; Legionnaire's Disease; Meningitis; Multiple Sclerosis; Muscular Dystrophy; Myasthenia Gravis; Niemann-Pick Disease; Osteomyelitis; Poliomyelitis; Reye's Syndrome; Rheumatic Fever; Rocky Mountain Spotted Fever; Sickle Cell Anemia; Systemic Lupus Erythematosus; Tay-Sach's Disease; Tetanus; Toxic Epidermal; Toxic Shock Syndrome; Tuberculosis; Tularemia; Typhoid Fever; Whipple's Disease.

Donor Benefit Blood donor expenses are not covered.

Drugs and Medicine Benefit Pays a benefit for anti-nausea and pain medication for treatment of Cancer. It does not include associated administrative processes or drugs or medicines covered under the Radiation Therapy, Chemotherapy or Immunotherapy Benefit or the Hormone Therapy Benefit.

Transportation and Lodging Benefits Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient lodging for Radiation Therapy, Chemotherapy, or Immunotherapy treatment, Bone Marrow or Stem Cell Transplant, or surgery in a Hospital not available locally and at least 50 miles from the Covered Person's residence. Payable for the Covered Person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only for the Covered Person.

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

Waiver of Premium Premium waived if you are disabled due to Cancer for longer than 90 continuous days. This benefit does not apply if your spouse or children become disabled.

Physical or Speech Therapy Benefit Therapy must be provided by a caregiver licensed in physical or speech therapy.

Diagnostic and Prevention Benefit Pays for a generally medically recognized screening test to detect Internal Cancer. This benefit is not payable for any test covered under the Medical Imaging Benefit.

Cancer Screening Follow Up Benefit Payable for one follow-up invasive screening test when a Covered Person receives abnormal results from a covered screening test. For tests involving an incision or surgery, payable only for tests that result in a negative diagnosis of Cancer.

Internal Cancer Diagnosis Benefit Payable if a physician diagnoses the Covered Person with Internal Cancer after coverage is in force for that person.

Heart Attack or Stroke Diagnosis Benefit Payable if a physician diagnoses the Covered Person as having a Heart Attack or Stroke after coverage is in force for that person. This benefit is payable only for the first to occur of either the Heart Attack or Stroke.

Pre-existing condition Means a Specified Disease for which the Covered Person: (a) had treatment; or (b) received advice from a Physician, during the 12-month period immediately before the Covered Person's Effective Date of coverage.

Pre-existing condition limitation No benefit will be payable for any loss which is caused by or resulting from a Pre-Existing Condition which occurs before a Covered Person has been continuously covered under the Policy for 12 consecutive months. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered. Increases or changes in coverage will be subject to an additional Pre-Existing Condition Limitation.

Hospital intensive care unit benefit limitations No benefits will be payable during the first 2 years of coverage for confinement caused by any heart condition that was diagnosed or treated prior to 30 days following the Effective Date of coverage. (The heart condition causing confinement need not be the same condition diagnosed or treated prior to the Effective Date).

Exclusions We will not pay benefits resulting from or caused by:

- (a) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;
- (b) alcoholism or drug addiction;
- (c) war or acts of war, declared or undeclared, while serving in the military or an auxiliary unit thereto;
- (d) military service for any country at war;
- (e) participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or
- (f) participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place.)

Benefits are also not payable for services performed by a Physician who is related to the Covered Person.

Termination of Insurance Your coverage may 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, your employment terminates, or you die. Your dependent's coverage will end if your coverage ends, premiums are not paid, they no longer meet the definition of a dependent or the policy is modified to exclude dependents. Your coverage can be terminated or premiums may be increased on any premium due date with 60 days advance written notice.

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9000 Cameron Parkway, Oklahoma City, Oklahoma 73114
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This product may contain limitations, exclusions, and waiting periods. This brochure highlights important features of the policy. Please refer to your certificate for complete details. If you reside in a state other than your employers state domicile, where required by law, policy provisions and benefits may vary. This product is inappropriate for people who are eligible for Medicaid coverage.

VOLUNTARY RETIREMENT PLANS

TCG Carrier | www.tcgservices.com | 1.800.555.5555

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.

403(b) RETIREMENT PLANS

First Financial Administrators, Inc. | www.ffga.com |
1.800.523.8422, option 2 | retirement@ffga.com

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

HOW A 403(B) WORKS

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

BENEFITS

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

CONTRIBUTION LIMITS

Participants may contribute up to \$22,500 for year 2023. Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500 in 2023, for a total of \$30,000.

457(b) RETIREMENT PLANS

First Financial Administrators, Inc. | www.ffga.com |
1.800.523.8422, option 2 | retirement@ffga.com

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 401(k) plans because they allow you to place a percentage of your salary into an employer-sponsored plan that helps you save for retirement. You will not have to pay taxes on what you contribute or your earnings made until you withdraw the money.

BENEFITS

- Investment options: fixed annuities, variable annuities, or mutual funds
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan
- Receive periodic account statements
- No 10% federal penalty on interest or earnings for early withdrawal
- No current federal income taxes on the money you put into the plan until it is time to take withdrawals

CONTRIBUTION LIMITS

Participants may contribute up to \$22,500 for year 2023. Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500 in 2023, for a total of \$30,000.

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 401(k) plans because they allow you to place a percentage of your salary into an employer-sponsored plan that helps you save for retirement. You will not have to pay taxes on what you contribute, or your earnings made until you withdraw the money.

BENEFITS

- Investment options: including Mutual Funds, Bonds and Money Market funds
- Flexibility: start, stop, and adjust your contributions as allowed by your employer's plan
- Receive quarterly account statements
- No 10% federal penalty on interest or earnings for early withdrawal
- No current federal income taxes on the money you put into the plan until it is time to take withdrawals

CONTRIBUTION LIMITS

Participants may contribute up to \$22,500 for year 2023. Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500 in 2023, for a total of \$30,000.

ENROLL ONLINE

- Go to www.my457account.com
- Select Retirement Plan Login
- Select New User
- Type in password: XXXX (case sensitive)

ACCIDENTAL DEATH & DISMEMBERMENT

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

A common misconception is that Accidental Death and Dismemberment insurance, or AD&D, is the same as life insurance. But that's not the case. The difference is that AD&D insurance covers you in the event you were to die due to an accident. It would also pay a benefit if you were severely injured due to an accident.

HIGHLIGHTS

- Full cost of coverage is paid for your employer through payroll deduction and will begin the first month following 30 days of employment, if you are actively employed at that time
- Affordable premiums
- Age-banded, which means your age plays a role in the amount of coverage you will receive

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

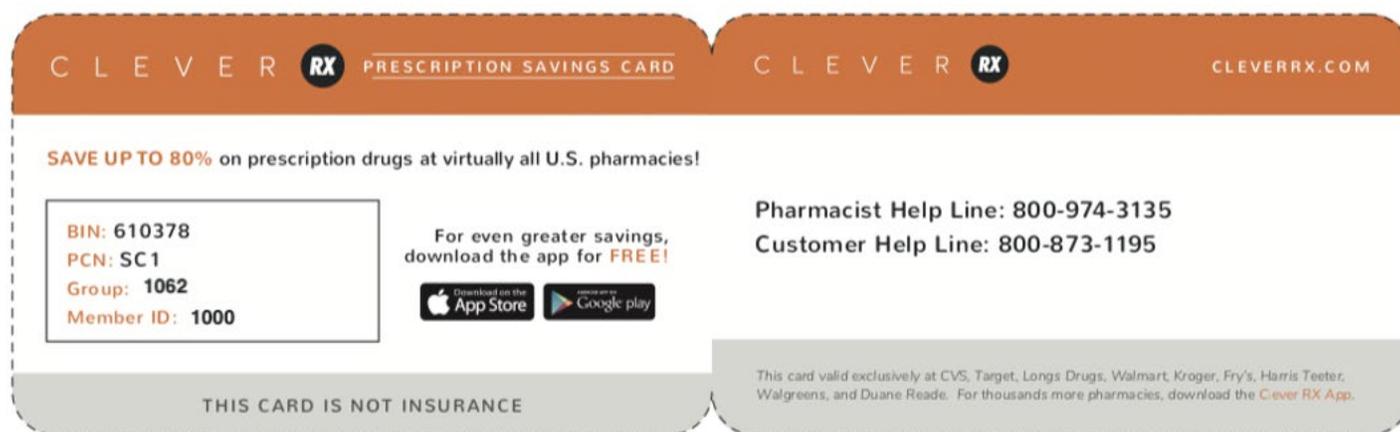
Clever RX | <https://partner.cleverrx.com/ffga> | 1.800.873.1195

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>.



The image shows a Clever RX Prescription Savings Card. The card has a white background with a blue header and footer. The header contains the text "CLEVER RX PRESCRIPTION SAVINGS CARD" on the left and "CLEVER RX CLEVERRX.COM" on the right. The main body of the card features a blue banner that says "SAVE UP TO 80% on prescription drugs at virtually all U.S. pharmacies!". Below this banner, there is a white box containing the card's details: "BIN: 610378", "PCN: SC 1", "Group: 1062", and "Member ID: 1000". To the right of this box, there is a call to action: "For even greater savings, download the app for FREE!" with icons for the App Store and Google Play. Further right, there are two phone numbers: "Pharmacist Help Line: 800-974-3135" and "Customer Help Line: 800-873-1195". At the bottom of the card, there is a grey footer that says "THIS CARD IS NOT INSURANCE" on the left and a disclaimer: "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." on the right.

CLEVER RX PRESCRIPTION SAVINGS CARD

CLEVER RX CLEVERRX.COM

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

BIN: 610378
PCN: SC 1
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

ROCKPORT-FULTON ISD BENEFITS OFFICE

619 N. Live Oak | Rockport, TX 78382

361.790.2212 | 361.790.2302

www.acisd.org

FIRST FINANCIAL GROUP OF AMERICA

Edelia Trevino, Account Manager

361.779.1041 / edelia.trevino@ffga.com

CONTACTS

BENEFIT	CARRIER	WEBSITE	PHONE
Medical	Allegiance/Cigna	www.askallegiance.com	(855) 999-6810
Hospital Indemnity Insurance	Aetna	www.aetna.com	(800) 607-3366
Dental	United Healthcare	www.myuhc.com	(800) 445-9090
Vision	United Healthcare	www.myuhcvision.com	(800) 638-3120
Flexible Spending Accounts	FFGA FSA Department	https://ffa.wealthcareportal.com/Page/Home	(866) 853-3539
Health Savings Accounts	FFGA FSA Department	https://ffa.wealthcareportal.com/Page/Home	(866) 853-3539
Long Term Disability	American Fidelity	www.americanfidelity.com	(800) 654.8489
Cancer Insurance	American Fidelity	www.americanfidelity.com	(800) 654.8489
Term Life & AD&D	BCBS	www.bcbstx.com/ancillary	(877) 442-4207
Permanent Life Insurance	Texas Life	www.texaslife.com	(800) 283-9233
403 (b) Retirement Plans	First Financial Administrators, Inc.	www.ffga.com retirement@ffga.com	(800) 523-8422, option 2
Accidental Death & Dismemberment	BCBS	www.bcbstx.com/ancillary	(877) 442-4207
COBRA	First Financial Administrators, Inc.	www.ffga.com	1.800.523.8422, option 4
Prescription Drug Savings	Clever RX	https://partner.cleverrx.com/ffga	(800) 974-3135