

2023 -2024 Plan Year  
September 1 – August 31

# GREGORY-PORTLAND ISD BENEFITS GUIDE

Open Enrollment  
July 17 – August 17



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

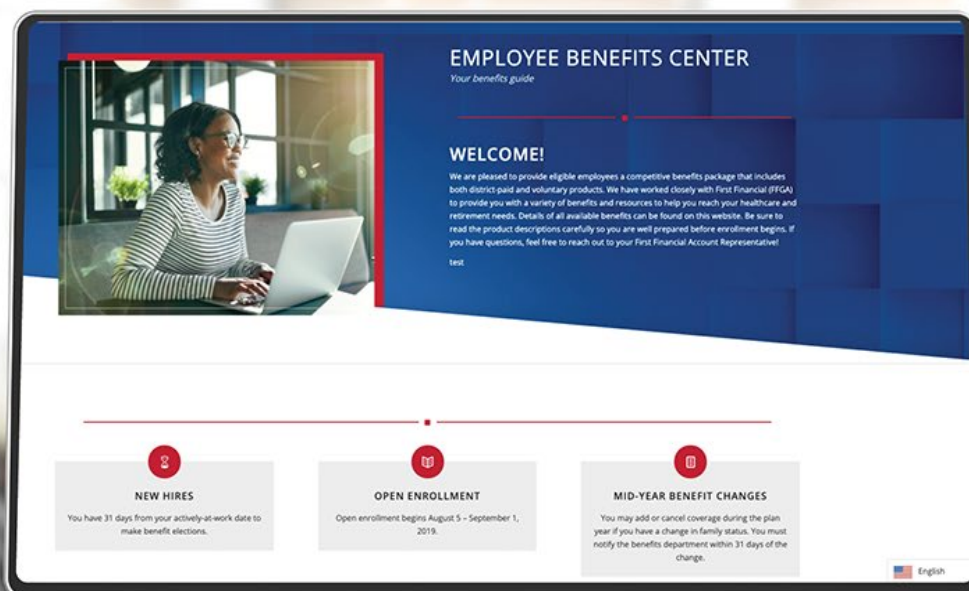
# EMPLOYEE BENEFITS CENTER

## YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

Gregory-Portland 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 claim forms, 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/gregoryportlandisd>



# HOW TO ENROLL

## NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections. To enroll, please contact your First Financial representative Marissa Wenning at [marissa.wenning@ffga.com](mailto:marissa.wenning@ffga.com) or visit this link to schedule an appointment, <https://newhireopenenrollment.timetap.com/#/>.

## 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, <https://ffbenefits.ffga.com/gregoryportlandisd>.

## 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.

# ELIGIBILITY

## ELIGIBILITY

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

## 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

## TRS-ACTIVECARE

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

**Employer contributes \$325 towards medical premiums.**

## BCBSTX

Blue Cross Blue Shield of Texas | <https://www.bcbstx.com/trsactivecare/> | 1.866.355.5999

### TRS-ACTIVECARE PRIMARY

- Copays for doctor visits and generic prescriptions before you meet deductible
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage
- Employee will receive two (2) ID cards (BCBS & Caremark)

### TRS-ACTIVECARE HD

- Must meet deductible before plan pays for non-preventive care
- In-network and out-of-network benefits – separate out-of-network deductible/out-of-pocket maximum
- Nationwide network
- Deductible applies to medical and pharmacy
- No requirement for PCP or referrals
- Compatible with health savings account (HSA)
- Employee will receive two (2) ID cards (BCBS & Caremark)

### TRS-ACTIVECARE PRIMARY+

- Copays for many services and drugs
- Statewide Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage
- Employee will receive 2 ID cards (BCBS & Caremark)

### TRS-ACTIVECARE 2 – CLOSED TO NEW ENROLLEES

- Copays for many drugs and services
- Nationwide network with out-of-network coverage
- Employee will receive two (2) ID cards (BCBS & Caremark)

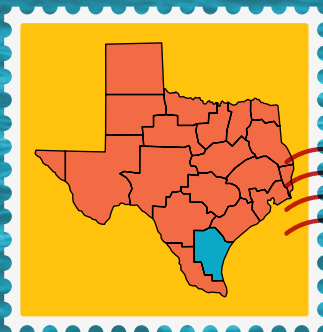
### TRS-ACTIVECARE PLAN PRESCRIPTION BENEFITS

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

Starting Friday, September 1, 2023, Express Scripts will be the new pharmacy benefits manager (PBM) for TRS-ActiveCare. We're here to help you understand your prescription benefits and make it convenient and affordable for you and your family to get the prescription medications you need.

*Ride the waves without worry – TRS-ActiveCare has the largest network of doctors and emergency rooms in Texas.*

# TRS-ActiveCare REGION 2



## TRS-ActiveCare Plan Highlights 2023-24



### Learn the Terms.

- **Premium:** The monthly amount you pay for health care coverage.
- **Deductible:** The annual amount for medical expenses you're responsible to pay before your plan begins to pay its portion.
- **Copay:** The set amount you pay for a covered service at the time you receive it. The amount can vary by the type of service.
- **Coinsurance:** The portion you're required to pay for services after you meet your deductible. It's often a specified percentage of the costs; i.e. you pay 20% while the health care plan pays 80%.
- **Out-of-Pocket Maximum:** The maximum amount you pay each year for medical costs. After reaching the out-of-pocket maximum, the plan pays 100% of allowable charges for covered services.



# 2023-24 TRS-ActiveCare Plan Highlights Sept. 1, 2023 – Aug. 31, 2024



## How to Calculate Your Monthly Premium

- ➖ Total Monthly Premium
- ➖ Your District and State Contributions
- ➕ **Your Premium**

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

## Wellness Benefits at No Extra Cost\*

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

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

## New Rx Benefits!

- Express Scripts is your new pharmacy benefits manager! CVS pharmacies and most of your preferred pharmacies and medication are still included.
- Certain specialty drugs are still \$0 through SaveOnSP.

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

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

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

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$430	\$105	\$505	\$180	\$443	\$118
Employee and Spouse	\$1,161	\$836	\$1,313	\$988	\$1,197	\$872
Employee and Children	\$731	\$406	\$859	\$534	\$754	\$429
Employee and Family	\$1,462	\$1,137	\$1,667	\$1,342	\$1,507	\$1,182

Plan Features	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Type of Coverage	\$2,500/\$5,000	\$1,200/\$2,400	\$3,000/\$6,000	\$5,500/\$11,000
Individual/Family Deductible	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Coinsurance	\$7,500/\$15,000	\$6,900/\$13,800	\$7,500/\$15,000	\$20,250/\$40,500
Individual/Family Maximum Out of Pocket	Statewide Network	Statewide Network	Statewide Network	Nationwide Network
Network	Yes	Yes	No	No
PCP Required	Yes	Yes	No	No

Doctor Visits	Primary Care	Specialist
	\$30 copay	\$70 copay
	\$30 copay	\$70 copay
	You pay 30% after deductible	You pay 30% after deductible
	You pay 30% after deductible	You pay 50% after deductible

Immediate Care	Urgent Care	Emergency Care	TRS Virtual Health-RediMD™	TRS Virtual Health-TeleDoc®
	\$50 copay	You pay 30% after deductible	\$0 per medical consultation	\$12 per medical consultation
	\$50 copay	You pay 30% after deductible	\$0 per medical consultation	\$12 per medical consultation
	You pay 30% after deductible	You pay 30% after deductible	\$30 per medical consultation	\$42 per medical consultation
	You pay 30% after deductible	You pay 30% after deductible	\$30 per medical consultation	\$42 per medical consultation

Prescription Drugs	Drug Deductible	Generics (31-Day Supply/90-Day Supply)	Preferred	Non-preferred	Specialty (31-Day Max)	Insulin Out-of-Pocket Costs
	Integrated with medical	Integrated with medical	You pay 30% after deductible	You pay 50% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$25 copay for 31-day supply, \$75 for 61-90 day supply
	\$200 deductible per participant (brand drugs only)	\$15/\$45 copay; \$0 copay for certain generics	You pay 30% after deductible	You pay 50% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$25 copay for 31-day supply, \$75 for 61-90 day supply
	\$200 deductible per participant (brand drugs only)	\$15/\$45 copay	You pay 20% after deductible; \$0 coinsurance for certain generics	You pay 25% after deductible	\$0 if SaveOnSP eligible; You pay 30% after deductible	\$25 copay for 31-day supply, \$75 for 61-90 day supply
	Integrated with medical	Integrated with medical	You pay 20% after deductible; \$0 coinsurance for certain generics	You pay 25% after deductible	You pay 20% after deductible	\$25 copay for 31-day supply, \$75 for 61-90 day supply

TRS-ActiveCare 2
<ul style="list-style-type: none"> <li>• Closed to new enrollees</li> <li>• Current enrollees can choose to stay in plan</li> <li>• Lower deductible</li> <li>• Copays for many services and drugs</li> <li>• Nationwide network with out-of-network coverage</li> <li>• No requirement for PCPs or referrals</li> </ul>

Total Premium	Your Premium
\$1,013	\$688
\$2,402	\$2,077
\$1,507	\$1,182
\$2,841	\$2,516

In-Network	Out-of-Network
\$1,000/\$3,000	\$2,000/\$6,000
You pay 20% after deductible	You pay 40% after deductible
\$7,900/\$15,800	\$23,700/\$47,400
Nationwide Network	Nationwide Network
No	No

\$30 copay	You pay 40% after deductible
\$70 copay	You pay 40% after deductible

\$50 copay	You pay 40% after deductible
You pay a \$250 copay plus 20% after deductible	You pay 40% after deductible
\$0 per medical consultation	
\$12 per medical consultation	

\$200 brand deductible	
\$20/\$45 copay	
You pay 25% after deductible (\$40 min/\$80 max)/	
You pay 25% after deductible (\$105 min/\$210 max)	
You pay 50% after deductible (\$100 min/\$200 max)/	
You pay 50% after deductible (\$215 min/\$430 max)	
\$0 if SaveOnSP eligible;	
You pay 30% after deductible (\$200 min/\$900 max)/	
No 90-day supply of specialty medications	
\$25 copay for 31-day supply; \$75 for 61-90 day supply	

# What's New and What's Changing



This table shows you the changes between 2022-23 premium price and this year's 2023-24 regional price for your Education Service Center.

		2022-23 Total Premium	New 2023-24 Total Premium	Change in Dollar Amount	Key Plan Changes
<b>TRS-ActiveCare Primary</b>	Employee Only	\$401	\$430	<b>\$29</b>	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500.</li> <li>Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000.</li> <li>Teladoc virtual mental health visit copay decreased from \$70 to \$0.</li> </ul>
	Employee and Spouse	\$1,130	\$1,161	<b>\$31</b>	
	Employee and Children	\$721	\$731	<b>\$10</b>	
	Employee and Family	\$1,353	\$1,462	<b>\$109</b>	
<b>TRS-ActiveCare HD</b>	Employee Only	\$414	\$443	<b>\$29</b>	<ul style="list-style-type: none"> <li>Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500.</li> <li>Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000.</li> </ul> <p>These changes apply only to in-network amounts.</p>
	Employee and Spouse	\$1,163	\$1,197	<b>\$34</b>	
	Employee and Children	\$742	\$754	<b>\$12</b>	
	Employee and Family	\$1,391	\$1,507	<b>\$116</b>	
<b>TRS-ActiveCare Primary+</b>	Employee Only	\$504	\$505	<b>\$1</b>	<ul style="list-style-type: none"> <li>Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400.</li> <li>Primary care provider and mental health copays decreased from \$30 to \$15.</li> <li>Teladoc virtual mental health visit copay decreased from \$70 to \$0.</li> </ul>
	Employee and Spouse	\$1,231	\$1,313	<b>\$82</b>	
	Employee and Children	\$810	\$859	<b>\$49</b>	
	Employee and Family	\$1,548	\$1,667	<b>\$119</b>	
<b>TRS-ActiveCare 2 (closed to new enrollees)</b>	Employee Only	\$1,013	\$1,013	<b>\$0</b>	<ul style="list-style-type: none"> <li>No changes.</li> <li>This plan is still closed to new enrollees.</li> </ul>
	Employee and Spouse	\$2,402	\$2,402	<b>\$0</b>	
	Employee and Children	\$1,507	\$1,507	<b>\$0</b>	
	Employee and Family	\$2,841	\$2,841	<b>\$0</b>	

<b>At a Glance</b>			
	<b>Primary</b>	<b>HD</b>	<b>Primary+</b>
Premiums	Lowest	Lower	Higher
Deductible	Mid-range	High	Low
Copays	Yes	No	Yes
Network	Statewide network	Nationwide network	Statewide network
PCP Required?	Yes	No	Yes
HSA-eligible?	No	Yes	No

Effective: Sept. 1, 2023

## Compare Prices for Common Medical Services

### REMEMBER:

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

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

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

# DENTAL INSURANCE

Cigna | [www.cigna.com](http://www.cigna.com) | 1.800.244.6224

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		
	LOW	HIGH
<b>EMPLOYEE ONLY</b>	\$20.13	\$37.10
<b>EMPLOYEE + SPOUSE</b>	\$40.24	\$71.18
<b>EMPLOYEE + CHILD(REN)</b>	\$44.19	\$73.14
<b>EMPLOYEE + FAMILY</b>	\$64.32	\$103.15



**Cigna Dental Benefit Summary**  
**Gregory Portland ISD – Low**  
**Plan Renewal Date: 09/01/2023**

Employee Only \$20.13  
 Employee + Spouse \$40.24  
 Employee + Child(ren) \$44.19  
 Employee + Family \$64.32



Insured by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations. **Your plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

<b>Cigna Dental Choice Plan</b>				
<b>Network Options</b>	<b>In-Network:</b>		<b>Out-of-Network:</b>	
	<b>Total Cigna DPPO Network</b>		<b>See Non-Network Reimbursement</b>	
<b>Reimbursement Levels</b>	Based on Contracted Fees		Maximum Reimbursable Charge	
<b>Calendar Year Benefits Maximum</b> Applies to: Class I, II & III expenses	\$1,000		\$1,000	
<b>Calendar Year Deductible</b>				
Individual	\$50		\$50	
Family	\$150		\$150	
<b>Benefit Highlights</b>	<b>Plan Pays</b>	<b>You Pay</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Class I: Diagnostic &amp; Preventive</b>	80%	20%	80%	20%
Oral Evaluations	No Deductible	No Deductible	No Deductible	No Deductible
Prophylaxis: routine cleanings				
X-rays: routine				
X-rays: non-routine				
Fluoride Application				
Sealants: per tooth				
Emergency Care to Relieve Pain				
<b>Class II: Basic Restorative</b>	50%	50%	50%	50%
Restorative: fillings	After Deductible	After Deductible	After Deductible	After Deductible
Endodontics: minor and major				
Periodontics: minor and major				
Oral Surgery: minor and major				
<b>Class III: Major Restorative</b>	25%	75%	25%	75%
Inlays and Onlays	After Deductible	After Deductible	After Deductible	After Deductible
Prosthesis Over Implant				
Crowns: prefabricated stainless steel / resin				
Crowns: permanent cast and porcelain				
Bridges and Dentures				
Anesthesia: general and IV sedation				
Denture Relines, Rebases and Adjustments				
Repairs: bridges, crowns and inlays				
Repairs: dentures				
Space Maintainers: non-orthodontic				
<b>Class IV: Orthodontia</b>	50%	50%	50%	50%
Coverage for Employee and All Dependents	No Deductible	No Deductible	No Deductible	No Deductible
Lifetime Benefits Maximum: \$1,000				
<b>Benefit Plan Provisions:</b>				
<b>In-Network Reimbursement</b>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
<b>Non-Network Reimbursement</b>	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider submitted amounts in the geographic area. The dentist may balance bill up to their usual fees.			
<b>Cross Accumulation</b>	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.			
<b>Calendar Year Benefits Maximum</b>	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.			
<b>Calendar Year Deductible</b>	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.			
<b>Late Entrant Limitation Provision</b>	Payment will be reduced by 50% for Class III and IV services for 12 months for eligible members that are allowed to enroll in this plan outside of the designated open enrollment period. This provision does not apply to new hires.			

# Cigna Dental Benefit Summary

## Gregory Portland ISD – High

### Plan Renewal Date: 09/01/2023

Employee Only \$37.10  
 Employee + Spouse \$71.18  
 Employee + Child(ren) \$73.14  
 Employee + Family \$103.15



Insured by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations. **Your plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.**

<b>Cigna Dental Choice Plan</b>				
<b>Network Options</b>	<b>In-Network:</b>		<b>Out-of-Network:</b>	
	<b>Total Cigna DPPO Network</b>		<b>See Non-Network Reimbursement</b>	
<b>Reimbursement Levels</b>	Based on Contracted Fees		Maximum Reimbursable Charge	
<b>Calendar Year Benefits Maximum</b> Applies to: Class I, II & III expenses	\$1,500		\$1,500	
<b>Calendar Year Deductible</b>				
Individual	\$50		\$50	
Family	\$150		\$150	
<b>Benefit Highlights</b>	<b>Plan Pays</b>	<b>You Pay</b>	<b>Plan Pays</b>	<b>You Pay</b>
<b>Class I: Diagnostic &amp; Preventive</b>	100%	No Charge	100%	No Charge
Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Emergency Care to Relieve Pain	No Deductible		No Deductible	
<b>Class II: Basic Restorative</b>	80%	20%	80%	20%
Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor and major	After Deductible	After Deductible	After Deductible	After Deductible
<b>Class III: Major Restorative</b>	50%	50%	50%	50%
Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures Anesthesia: general and IV sedation Denture Relines, Rebases and Adjustments Repairs: bridges, crowns and inlays Repairs: dentures Space Maintainers: non-orthodontic	After Deductible	After Deductible	After Deductible	After Deductible
<b>Class IV: Orthodontia</b>	50%	50%	50%	50%
Coverage for Employee and All Dependents Lifetime Benefits Maximum: \$1,000	No Deductible	No Deductible	No Deductible	No Deductible
<b>Benefit Plan Provisions:</b>				
<b>In-Network Reimbursement</b>	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
<b>Non-Network Reimbursement</b>	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider submitted amounts in the geographic area. The dentist may balance bill up to their usual fees.			
<b>Cross Accumulation</b>	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.			
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# VISION INSURANCE

Superior Vision | [www.superiorvision.com](http://www.superiorvision.com) | 1.800.507.3800

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

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

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

VISION MONTHLY PREMIUMS	
EMPLOYEE ONLY	\$7.85
EMPLOYEE + SPOUSE	\$15.59
EMPLOYEE + CHILD(REN)	\$15.26
EMPLOYEE + FAMILY	\$23.24



# Vision Care Plan for Gregory-Portland ISD

Benefits through Superior National network



Frequency	
Exam	12 months
Frame	12 months
Contact lens fitting	12 months
Eyeglass lenses	12 months
Contact Lenses	12 months

(based on date of service)

Need help? Contact 1 (800) 507-3800 or visit [superiorvision.com](http://superiorvision.com) for assistance.


**Exams**

Eye exam copay:

**\$10**

Contact lens fitting<sup>2</sup> copay  
(standard and specialty):

**\$25**

Specialty In-network allowance:

**\$50**


**Frames**

In-network allowance:

**\$150**


**Materials<sup>1</sup>**

Materials copay:

**\$25**


**Contacts<sup>4</sup>**  
in lieu of glasses

In-network allowance:

**\$150**

**Monthly Premiums**

Employee only:	\$7.85
Employee + spouse:	\$15.59
Employee + child(ren):	\$15.26
Employee + family:	\$23.24

Lenses (per pair)	In-Net work Coverage	Out-of-Net work Reimbursement
Single vision	Covered-in-full	Up to \$32
Bifocal	Covered-in-full	Up to \$46
Trifocal	Covered-in-full	Up to \$61
Progressives <sup>3</sup>	Covered-in-full	Up to \$46
Polycarbonate	Covered-in-full	Not covered

Shop with convenience while using your benefits through these in-network online retailers.

1800contacts®

GLASSES.COM

contactsdirect

befitting  
eyewear



Lens Add-On Discounts <sup>5</sup>	Your Cost
Anti-scratch coating	\$13
Ultraviolet coating	\$15
Tints - solid / gradient	\$25
Blue light filtering	\$15
Digital single vision	\$30
Progressive lenses (premium / ultra / ultimate)	\$110 / \$150 / \$225
Anti-reflective coating (standard / premium / ultra / ultimate)	\$50 / \$70 / \$85 / \$120
Polarized lenses	\$75
Plastic photochromic lenses	\$80
Hi-index (1.67 / 1.75)	\$80 / \$120

Overage Discounts <sup>5</sup>	Amount
Frames	20% off amount over allowance
Conventional contacts	20% off amount over allowance
Disposable contacts	10% off amount over allowance

Non-Covered Services Discounts <sup>5</sup>	Amount
Exams, frames, prescription lenses	30% off retail
Contacts, miscellaneous options	20% off retail
Disposable contact lenses	10% off retail
Retinal imaging	\$39 cost

Additional Out-of-Network Reimbursements	Amount
Eye exam (MD)	Up to \$42
Eye exam (OD)	Up to \$37
Frame	Up to \$68
Contact lens fitting (standard / specialty) <sup>2</sup>	Not covered
Contact lenses	Up to \$100



### LASIK Discounts<sup>5</sup>

Multiple discounts on laser vision correction procedures may be available to you. To learn more, visit [superiorvision.com](http://superiorvision.com) or contact your benefits coordinator.



### Hearing Aid Discounts<sup>5</sup>

Through Your Hearing Network, you have access to discounts on hearing services, devices, and accessories. To learn more, visit [superiorvision.com](http://superiorvision.com) or contact your benefits coordinator.



### Free Mobile App

With the free Superior Vision app (available for Android and Apple devices), you can create an account, check your eligibility and benefits, find providers, and view your member ID card.

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details. Co-pays apply to in-network benefits; co-pays for out-of-network visits are deducted from reimbursements 1. Materials co-pay applies to lenses and frames only, not contact lenses. 2. Standard contact lens fitting applies to a current contact lens user who wears disposable, daily wear, or extended wear lenses only. Specialty contact lens fitting applies to new contact wearers and/or a member who wear toric, gas permeable, or multi-focal lenses. 3. If premium progressive lenses are selected, members receive an allowance based on the provider's charges for standard progressive lenses 4. Contact lenses are in lieu of eyeglass lenses and frames benefit. 5. Not all providers support these discounts, including the member out-of-pocket features. Call your provider prior to scheduling an appointment to confirm if they offer the discount and member out-of-pocket features. The discount and member out-of-pocket features are not insurance. Discounts and member out-of-pocket are subject to change without notice and do not apply if prohibited by the manufacturer. Lens options may not be available from all providers / all locations.

# FLEXIBLE SPENDING ACCOUNTS

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

## MEDICAL FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$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

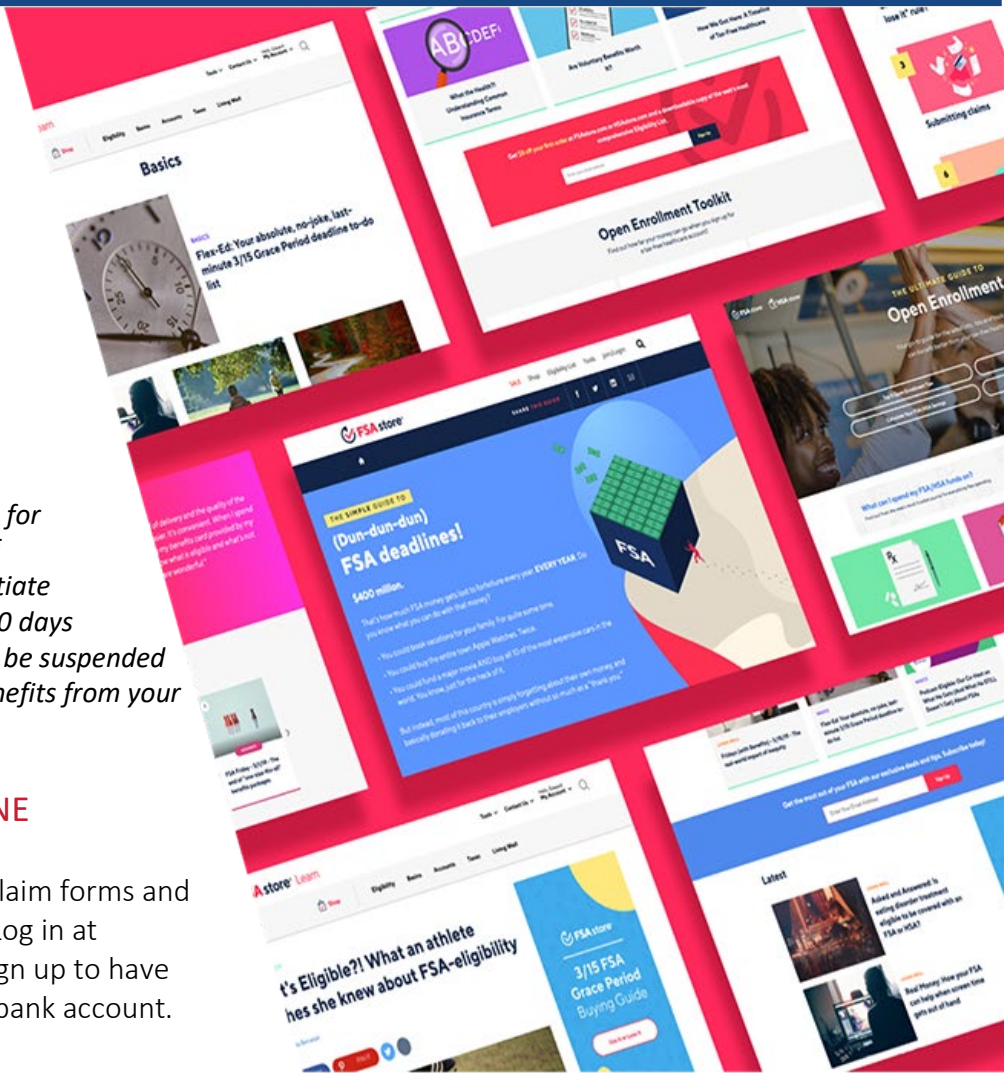
## BENEFITS CARD

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](http://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!

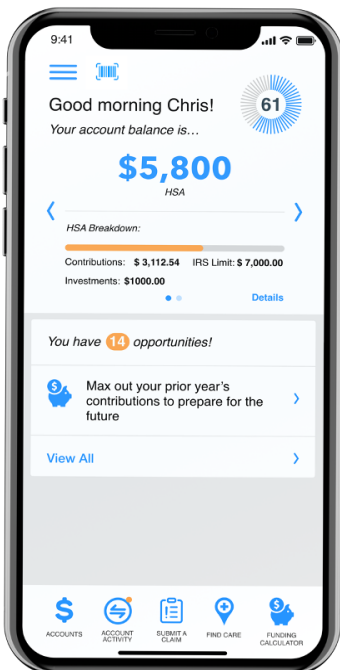


## FF MOBILE ACCOUNT APP

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<sup>SM</sup> or Google Play Store<sup>TM</sup>. 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](http://www.ffga.com) | 1.866.853.3539  
P.O. Box 161968 | Altamonte Springs, FL 32716

## HEALTH SAVINGS ACCOUNTS

A Health Savings Account (HSA) is a great way to help you control your healthcare costs. 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.

	2023	2024
<b>HSA Contribution Limit</b>	<ul style="list-style-type: none"><li>Self Only: <b>\$3,850</b></li><li>Family: <b>\$7,750</b></li></ul>	<ul style="list-style-type: none"><li>Self Only: <b>\$4,150</b></li><li>Family: <b>\$8,300</b></li></ul>
<b>HDHP Minimum Deductibles</b>	<ul style="list-style-type: none"><li>Self Only: <b>\$1,500</b></li><li>Family: <b>\$3,000</b></li></ul>	<ul style="list-style-type: none"><li>Self Only: <b>\$1,600</b></li><li>Family: <b>\$3,200</b></li></ul>
<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.

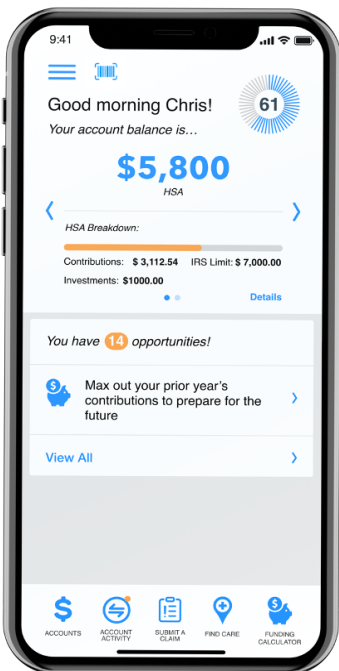
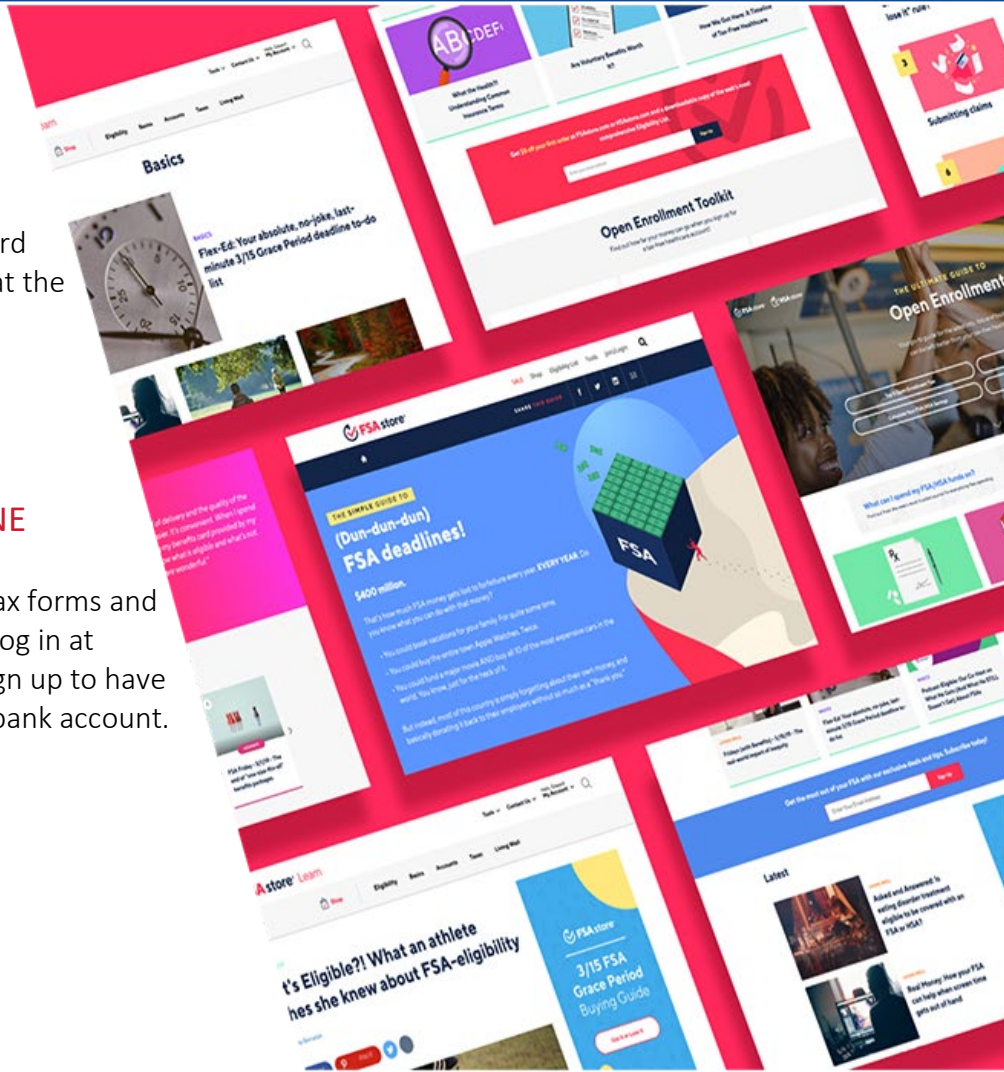
# HSA RESOURCES

## BENEFITS CARD

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## VIEW YOUR ACCOUNT DETAILS ONLINE

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



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# TERM LIFE & AD&D INSURANCE

Blue Cross Blue Shield | [www.bcbstx.com/ancillary](http://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 \$10,000. 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](http://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

PURELIFE-PLUS



**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, TOO<sup>1</sup>**



**YOU CAN GET A LIVING BENEFIT IF YOU**  
**BECOME TERMINALLY ILL<sup>2</sup>**



**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 ILL<sup>3</sup>**



**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.<sup>4</sup>
  - 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.<sup>3</sup>
- 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.

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

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<sup>1</sup> 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.

<sup>2</sup> Conditions apply. See rider for details. Form ICC07-ULABR-07 or Form Series ULABR-07.

<sup>3</sup> 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.

<sup>4</sup> 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.<sup>6</sup> 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).<sup>7</sup> 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.

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

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

<sup>6</sup> Available to children and grandchildren at issue age 17-26.

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

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

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

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

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

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
15D-1	9.25	16.25	81
2-4	9.50	16.75	80
5-8	9.75	17.25	79
9-10	10.00	17.75	79
11-16	10.25	18.25	77
17-20	12.25	22.25	75
21-22	12.50	22.75	74
23	12.75	23.25	75
24-25	13.00	23.75	74
26	13.50	24.75	75

**Indicates Spouse Coverage Available**

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

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO  
 Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18  
 Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		18.55	34.85	51.15	67.45	100.05	132.65	165.25	197.85	71
21-22		19.38	36.50	53.63	70.75	105.00	139.25	173.50	207.75	71
23		20.20	38.15	56.10	74.05	109.95	145.85	181.75	217.65	72
24-25		20.75	39.25	57.75	76.25	113.25	150.25	187.25	224.25	71
26		21.30	40.35	59.40	78.45	116.55	154.65	192.75	230.85	72
27-28		21.85	41.45	61.05	80.65	119.85	159.05	198.25	237.45	71
29		22.13	42.00	61.88	81.75	121.50	161.25	201.00	240.75	71
30-31		24.88	47.50	70.13	92.75	138.00	183.25	228.50	273.75	72
32		25.70	49.15	72.60	96.05	142.95	189.85	236.75	283.65	72
33		25.98	49.70	73.43	97.15	144.60	192.05	239.50	286.95	72
34		26.25	50.25	74.25	98.25	146.25	194.25	242.25	290.25	71
35		28.18	54.10	80.03	105.95	157.80	209.65	261.50	313.35	72
36		29.00	55.75	82.50	109.25	162.75	216.25	269.75	323.25	72
37		30.93	59.60	88.28	116.95	174.30	231.65	289.00	346.35	73
38		31.75	61.25	90.75	120.25	179.25	238.25	297.25	356.25	73
39		33.95	65.65	97.35	129.05	192.45	255.85	319.25	382.65	74
40	16.14	36.98	71.70	106.43	141.15	210.60	280.05	349.50	418.95	76
41	17.13	39.45	76.65	113.85	151.05	225.45	299.85	374.25	448.65	77
42	18.34	42.48	82.70	122.93	163.15	243.60	324.05	404.50	484.95	78
43	19.88	46.33	90.40	134.48	178.55	266.70	354.85	443.00	531.15	80
44	20.65	48.25	94.25	140.25	186.25	278.25	370.25	462.25	554.25	80
45	21.75	51.00	99.75	148.50	197.25	294.75	392.25	489.75	587.25	81
46	22.63	53.20	104.15	155.10	206.05	307.95	409.85	511.75	613.65	81
47	23.73	55.95	109.65	163.35	217.05	324.45	431.85	539.25	646.65	82
48	24.72	58.43	114.60	170.78	226.95	339.30	451.65	564.00	676.35	82
49	26.15	62.00	121.75	181.50	241.25	360.75	480.25	599.75	719.25	83
50	27.36	65.03	127.80	190.58	253.35					83
51	28.57	68.05	133.85	199.65	265.45					83
52	30.33	72.45	142.65	212.85	283.05					84
53	31.87	76.30	150.35	224.40	298.45					85
54	33.30	79.88	157.50	235.13	312.75					85
55	34.84	83.73	165.20	246.68	328.15					85
56	36.60	88.13	174.00	259.88	345.75					85
57	38.36	92.53	182.80	273.08	363.35					86
58	40.23	97.20	192.15	287.10	382.05					86
59	42.10	101.88	201.50	301.13	400.75					86
60	43.28	104.83	207.40	309.98	412.55					86
61	45.81	111.15	220.05	328.95	437.85					86
62	48.23	117.20	232.15	347.10	462.05					87
63	50.65	123.25	244.25	365.25	486.25					87
64	53.07	129.30	256.35	383.40	510.45					87
65	55.71	135.90	269.55	403.20	536.85					87
66	58.57									88
67	61.65									88
68	64.84									88
69	68.25									88
70	71.88									89

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

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

Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO  
 Accelerated Death Benefit for Chronic Illness Rider Form ICC15-ULABR-CI-15, ULABR-CI-15 or CA-ULABR-CI-18  
 Accidental Death Benefit Form ICC 07-ULCL-ADB-07 or Form Series ULCL-ADB-07

Issue Age	Premium		Guaranteed Period
	\$25,000	\$50,000	
17-20	17.25	32.25	71
21-22	18.00	33.75	71
23	18.75	35.25	72
24-25	19.25	36.25	71
26	19.75	37.25	72

**Indicates Spouse Coverage Available**

# DISABILITY INSURANCE

American Fidelity | <https://americanfidelity.com> | 1.800.662.1113

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

<b>DISABILITY MONTHLY PREMIUMS- Per \$500</b>		
<b>Elimination Period</b>	<b>LOW</b>	<b>HIGH</b>
7 Days Injury or Sickness	\$16.40	\$20.00
17 Days Injury/Sickness	\$14.00	\$18.20
30 Days Injury/Sickness	\$12.90	\$14.50
60 Days Injury/Sickness	\$7.10	\$12.30
90 Days Injury/Sickness	\$5.30	\$10.40
150 Days Injury/Sickness	\$3.40	\$7.80

# CANCER INSURANCE

American Fidelity | <https://americanfidelity.com> | 1.800.662.1113

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

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

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

CANCER MONTHLY PREMIUMS		
	BASIC	ENHANCED
EMPLOYEE ONLY	\$15.80	\$31.62
EMPLOYEE + FAMILY	\$26.86	\$53.80



## 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.

**AMERICAN FIDELITY**   
a different opinion

# 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.



American Fidelity Assurance Company  
9000 Cameron Parkway, Oklahoma City, Oklahoma 73114  
800-662-1113 • [americanfidelity.com](http://americanfidelity.com)

*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.*

# HOSPITAL INDEMNITY INSURANCE

Aetna | [www.aetna.com](http://www.aetna.com) | 1.800.607.3366

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

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

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

<b>HOSPITAL INDEMNITY MONTHLY PREMIUMS</b>		
	<b>LOW</b>	<b>HIGH</b>
<b>EMPLOYEE ONLY</b>	\$13.32	\$25.59
<b>EMPLOYEE + SPOUSE</b>	\$29.46	\$56.75
<b>EMPLOYEE + CHILD(REN)</b>	\$22.67	\$43.61
<b>EMPLOYEE + FAMILY</b>	\$37.65	\$72.29



# Less stress

## Aetna Hospital Indemnity Plan

### Be prepared for what lies ahead

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

### What is the Hospital Indemnity Plan?

The insurance plan pays benefits when you have a planned, or unplanned hospital stay for an illness, injury, surgery or having a baby. The plan pays a lump-sum benefit for admission and a daily benefit for a covered hospital stay. You can use the benefits to help pay out-of-pocket medical costs or personal expenses.

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

Medical plans help pay providers for services and treatment. But, they don't cover unexpected costs that might come with a stay in the hospital.

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

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

Aetna.com  
57.03.509.1 (02/21)

### How can you use the cash benefits?

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

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

...or for anything else you choose.

### Easy to use

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



## Inpatient Stays

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

# CRITICAL ILLNESS INSURANCE

The Hartford | <https://www.thehartford.com> | 1.800.964.3577

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

A critical illness plan can help with the treatment costs of covered illnesses. Benefits are paid directly to you, unless otherwise assigned, giving you the choice of how to spend the money. Plus, there are plans available to provide coverage for you, your spouse. Children are automatically covered with employee at 50% of employee's elected coverage amount.

CRITICAL ILLNESS MONTHLY PREMIUMS			
	\$10,000	\$20,000	\$30,000
Age	Employee		
Under 25	\$3.11	\$6.22	\$9.33
25-29	\$3.87	\$7.74	\$11.61
30-34	\$4.74	\$9.48	\$14.22
35-39	\$5.90	\$11.80	\$17.70
40-44	\$7.76	\$15.52	\$23.28
45-49	\$11.38	\$22.76	\$34.14
50-54	\$15.08	\$30.16	\$45.24
55-59	\$19.59	\$39.18	\$58.77
60-64	\$26.49	\$52.98	\$79.47
65-69	\$35.61	\$71.22	\$106.83
70-74	\$46.47	\$92.94	\$139.41
75-79	\$58.84	\$117.68	\$176.52
80+	\$71.17	\$142.34	\$213.51

# ACCIDENT INSURANCE

Aetna | [www.aetna.com](http://www.aetna.com) | 1.800.607.3366

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

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

ACCIDENT MONTHLY PREMIUMS		
	LOW	HIGH
<b>EMPLOYEE ONLY</b>	\$6.64	\$10.26
<b>EMPLOYEE + SPOUSE</b>	\$11.48	\$17.80
<b>EMPLOYEE + CHILD(REN)</b>	\$12.87	\$19.58
<b>EMPLOYEE + FAMILY</b>	\$17.36	\$26.43



# Covering your bases

## Aetna Accident Plan

### Be prepared for the unexpected

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

### What is the Accident Plan?

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

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

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

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

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

Aetna.com  
57.03.507.1 (02/21)

### How can you use the cash benefits?

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

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

...or anything else you choose.

### Easy to use

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





## Initial Care

Covered Benefit	Low Plan	High Plan
<b>Ambulance</b>		
<b>Ground ambulance</b>		
Pays a benefit for when you are transported by a licensed professional ambulance company by a Ground ambulance to or from a hospital, or between medical facilities, where treatment for an accidental injury is received. Transportation to or from a hospital within 24 hours after an accidental injury.	\$300	\$300
<b>Air ambulance</b>		
Pays a benefit for when you are transported by a licensed professional ambulance company by an Air ambulance to or from a hospital, or between medical facilities, where treatment for an accidental injury is received. Transportation to or from a hospital within 48 hours after an accidental injury.	\$1,500	\$1,500
<i>Maximum trips per accident, air and ground combined</i>	1	1
<b>Initial Treatment</b>		
<b>Emergency room/Hospital</b>		
Pays a benefit if an insured person requires initial examination and treatment in an emergency room as the result of an accidental injury. The initial examination and treatment must be received within 72 hours after the accidental injury.	\$100	\$150
<b>Physician's office/Urgent care facility</b>		
Pays a benefit if an insured person requires initial examination and treatment in a physician's office or urgent care center as the result of an accidental injury. The initial examination and treatment must be received within 72 hours after the accidental injury.	\$100	\$150
<b>Walk-In clinic/Telemedicine</b>	\$50	\$50
<i>Maximum visits per accident, combined for all places of service</i>	1	1
<i>Maximum visits per plan year, combined for all places of service</i>	3	3
<b>X-ray/Lab</b>		
Pays if an insured person receives an X-ray due to an accidental injury. The X-ray(s) must be prescribed by a physician and performed by a licensed facility within 30 days after the accidental injury.	\$25	\$50
<b>Medical Imaging</b>		
Pays a benefit if an insured person receives a medical imaging test due to an accidental injury. Medical imaging tests include only the following:		
1. Positron Emission Tomography (PET)		
2. Computed Tomography Scan (CT)		
3. Computed Axial Tomography (CAT)	\$100	\$150
4. Magnetic Resonance (MR) or Magnetic Resonance Imaging (MRI)		
5. Electroencephalogram (EEG)		
The test must be ordered by a physician and performed in a medical facility on an outpatient basis within 180 days after the accidental injury.		

## Follow-up Care

Covered Benefit	Low Plan	High Plan
<b>Accident follow-up</b>		
<b>Emergency room/Hospital</b>		
Pay a benefit if an insured person receives follow-up treatment in a physician's office, urgent care center or emergency room for an accidental injury within one year of the accident.	\$50	\$50
<b>Physician's office/Urgent care facility</b>		
Pay a benefit if an insured person receives follow-up treatment in a physician's office, urgent care center or emergency room for an accidental injury within one year of the accident.	\$50	\$50
<b>Walk-In clinic/Telemedicine</b>	\$25	\$25
<i>Maximum visits per accident, combined for all places of service</i>	2	3
<i>Maximum visits per plan year, combined for all places of service</i>	6	9
<b>Appliances</b>		
<b>Major:</b> Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair	\$100	\$200
<b>Minor:</b> Brace, cane, crutches, walker, walking boot, other medical devices to aid in your physical movement	\$50	\$100
<b>Chiropractic treatment and alternative therapy</b>	\$15	\$25
<i>Maximum visits per accident</i>	10	10
<i>Maximum visits per plan year</i>	30	30
<b>Pain management (epidural anesthesia)</b>		
Pays a benefit if an insured person receives epidural anesthesia as the result of an accidental injury. The epidural anesthesia must be administered within 60 days after the accidental injury.	\$50	\$100
<b>Prescription drugs</b>	\$10	\$10
<b>Prosthetic device/Artificial limb</b>		
<b>One limb</b>	\$500	\$750
<b>Multiple limbs</b>	\$1,000	\$1,500
<i>Maximum benefit per accident</i>	1	1
<b>Repair or replace</b>	25%	25%
<i>Maximum benefit per plan year</i>	1	1
<b>Therapy services - Speech, occupational, or physical therapy or cognitive rehabilitation</b>	\$15	\$25
<i>Maximum visits per accident</i>	10	10

## Hospital Care

Covered Benefit	Low Plan	High Plan
<b>Hospital stay - admission (Initial day)</b>		
<b>Non-ICU admission</b>		
Pays a benefit if an insured person is admitted into the hospital due to an accidental injury. We will not pay this benefit if you're admitted into an observation unit, treated in an emergency room or outpatient surgery. The stay must begin within 180 days after an accidental injury.	\$500	\$1,000
<b>ICU admission</b>		
Pays a benefit if an insured person is admitted directly to ICU due to an accidental injury. The stay must begin within 30 days after an accidental injury.	\$1,000	\$2,000
<b>Hospital stay - daily*</b>		
<b>Non-ICU daily</b>		
Pays a benefit if an insured person has a stay in a hospital due to an accidental injury.	\$100	\$200
<b>ICU daily</b>		
Pays a benefit if an insured person has a stay in an ICU due to an accidental injury. The stay must begin within 30 days after an accidental injury.	\$200	\$400
<b>Step down Intensive care unit daily</b>	\$150	\$300
<i>Maximum days per accident (combined for all stays due to the same accident)</i>	365	365
<b>Rehabilitation unit stay - daily</b>		
Pays a benefit if an insured person is transferred to a rehabilitation unit immediately after a stay in a hospital due to an accidental injury.	\$50	\$100
<i>Maximum days per accident</i>	30	30
<b>Observation unit</b>		
Pays a benefit if an insured person requires services in an observation unit as the result of an accidental injury. The Hospital Stay Admission Benefit will not be payable if the Observation Unit Benefit is payable. Observation services must begin within 72 hours after the accidental injury.	\$100	\$100

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

## Surgical Care

Covered Benefit	Low Plan	High Plan
<b>Blood/Plasma/Platelets</b>		
Pays a benefit if an insured person receives the transfusion of blood, plasma and/or platelets due to an accidental injury. The transfusion must take place within 90 days after the accidental injury	\$300	\$400
<b>Eye Injury</b>		
<b>Surgical repair</b>	\$200	\$300
<b>Removal of foreign object</b>	\$100	\$150
<b>Surgery (without repair)</b>		
<b>Arthroscopic or exploratory</b>	\$100	\$150
Pays a benefit if an insured person undergoes exploratory or arthroscopic surgery, and no repair is done, within 60 days of the accidental injury.		
<b>Surgery (with repair)</b>		
<b>Cranial, open abdominal or thoracic</b>	\$1,000	\$1,500
Pays a benefit if an insured person undergoes cranial, open abdominal or thoracic surgery, and repair is done, within 72 hours of the accidental injury.		
<b>Hernia</b>	\$200	\$250
Pays a benefit if an insured person undergoes hernia surgery as the result of an accidental injury. A physician must diagnose the hernia within 30 days after the accidental injury; and perform surgery within 60 days after the accidental injury.		
<b>Ruptured disc</b>	\$500	\$750
Pays a benefit if an insured person sustains a ruptured disc in the spine as the result of an accidental injury. A physician must treat the ruptured disc within 60 days after the accidental injury; and repair it through surgery within one year after the accidental injury.		
<b>Tendon/Ligament/Rotator cuff</b>	\$500	\$750
<b>Single repair</b>	\$500	\$750
<b>Multiple repairs</b>	\$1,000	\$1,500
<b>Torn knee cartilage</b>	\$500	\$750
Pays a benefit if an insured person sustains a torn knee cartilage (meniscus) as the result of an accidental injury. A physician must treat the torn knee cartilage within 60 days after the accidental injury; and repair it through surgery within 180 days after the accidental injury.		
<b>Non-Specified</b>		
<b>Inpatient</b>	\$200	\$250
Pays a benefit if an insured person is transferred to a rehabilitation unit immediately after a stay in a hospital due to an accidental injury.		
<b>Outpatient</b>	\$200	\$250
<i>Maximum benefits per accident, combined for all Surgery (without repair) and Surgery (with repair) benefits</i>	2	2

## Transportation/Lodging Assistance

Covered Benefit	Low Plan	High Plan
<b>Lodging</b>		
Pays for one motel/hotel room for a companion to accompany you for each day of a stay due to an accidental injury. Your stay must be more than 50 miles from your home.	\$200	\$200
<i>Maximum days per accident</i>	30	30
<b>Transportation</b>		
We will pay the Transportation Benefit shown in the Schedule of Benefits for an insured person who must travel from his or her residence more than 50 miles one way on physician's advice for treatment of a payable Accidental injury.	\$300	\$300

## Dislocations and Fractures

### Dislocations - Closed Reduction

Pays a benefit if an insured person sustains a dislocation as the result of an accidental injury.

A physician must diagnose the dislocation within 90 days after the accidental injury and correct it by closed reduction (non-surgical repair).

### Open reduction

Pays a benefit if an insured person sustains a dislocation as the result of an accidental injury.

Covered Benefit	Low Plan	High Plan
<b>Dislocations - Closed Reduction*</b>		
Hip	\$2,000	\$3,000
Knee (except patella)	\$1,000	\$1,500
Ankle - bone or bones of the foot (other than toes)	\$500	\$750
Collarbone (sternoclavicular)	\$400	\$600
Lower jaw	\$400	\$600
Shoulder (glenohumeral)	\$400	\$600
Elbow	\$400	\$600
Wrist	\$400	\$600
Bone or bones of the hand (other than fingers)	\$400	\$600
Collarbone (acromioclavicular and separation)	\$100	\$150
Rib	\$100	\$150
One toe or one finger	\$100	\$150
Partial dislocation	25%	25%
<i>Maximum dislocations per accident</i>	3	3

\*Open reduction pays 2.0 times the closed reduction benefit value

## Fractures - Closed Reduction\*

Pays a benefit if an insured person sustains a fracture as the result of an accidental injury.

A physician must diagnose the fracture within **90 days** after the accidental injury and correct it by **closed reduction**.

Skull (except bones of the face or nose), depressed	\$2,750	\$4,125
Skull (except bones of the face or nose), non-depressed	\$2,750	\$4,125
Hip, thigh (femur)	\$1,150	\$1,725
Vertebrae, body of (excluding vertebral processes)	\$750	\$1,125
Pelvis (inc. ilium, ischium, pubis, acetabulum except coccyx)	\$750	\$1,125
Leg (tibia and/or fibula malleolus)	\$750	\$1,125
Bones of the face or nose (except mandible or maxilla)	\$400	\$600
Upper jaw, maxilla (except alveolar process)	\$400	\$600
Upper arm between elbow and shoulder (humerus)	\$400	\$600
Lower jaw, mandible (except alveolar process)	\$400	\$600
Collarbone (clavicle, sternum)	\$400	\$600
Shoulder blade (scapula)	\$400	\$600
Vertebral process	\$400	\$600
Forearm (radius and/or ulna)	\$300	\$450
Kneecap (patella)	\$300	\$450
Hand/foot (except fingers/toes)	\$300	\$450
Ankle/wrist	\$300	\$450
Rib	\$150	\$225
Coccyx	\$150	\$225
Finger, toe	\$150	\$225
Chip fracture	25%	25%
<i>Maximum fractures per accident</i>	3	3

\*Open reduction pays 2.0 times the closed reduction benefit value

## Accidental Death & Dismemberment and Paralysis Benefits

Covered Benefit	Low Plan	High Plan
<b>Accidental death</b>		
Pays a benefit if an insured person sustains an accidental injury which causes the insured person's death within 90 days after an accident.		
Employee	\$25,000	\$50,000
Covered dependent spouse	\$12,500	\$25,000
Covered dependent children	\$12,500	\$25,000
<b>Accidental death common carrier</b>		
Pays a benefit if an insured person sustains an accidental injury while the insured person is a fare paying passenger on a common carrier and the accidental injury causes the insured person's death within 90 days after an accident.		
Employee	\$50,000	\$100,000
Covered dependent spouse	\$25,000	\$50,000
Covered dependent children	\$25,000	\$50,000
<b>Accidental dismemberment</b>		
Pays a benefit if an insured person sustains one or more limbs due to an accidental injury as classified below and in the schedule of benefits. The loss must occur within 90 days after an accidental injury.		
Loss of arm	\$2,500	\$5,000
Loss of hand	\$2,500	\$5,000
Loss of leg	\$2,500	\$5,000
Loss of foot	\$2,500	\$5,000
Loss of sight	\$2,500	\$5,000
Loss of ability to speak	\$5,000	\$10,000
Loss of hearing	\$2,500	\$5,000
<i>Maximum dismemberments per accident (non-finger, toe)</i>	2	2
Loss of finger	\$250	\$500
Loss of toe	\$250	\$500
<i>Maximum dismemberments per accident (finger, toe)</i>	4	4
<b>Home and vehicle alteration</b>	\$500	\$1,000
<b>Paralysis (complete, total and permanent loss)</b>		
Pays a benefit if an insured person sustains paralysis as a result of an accidental injury. A physician must diagnose paralysis within 60 days after the accidental injury, and confirm the paralysis continued for a period of 90 consecutive days.		
Quadriplegia	\$5,000	\$10,000
Triplegia	\$3,750	\$7,500
Paraplegia	\$2,500	\$5,000
Hemiplegia	\$2,500	\$5,000
Diplegia	\$2,500	\$5,000
Monoplegia	\$1,250	\$2,500

## Other Accidental Injuries

Covered Benefit	Low Plan	High Plan
<b>Animal bite treatment</b>		
Tetanus shot	\$100	\$100
Anti-venom shot	\$200	\$200
Rabies shot	\$300	\$300
<b>Brain Injury</b>		
Concussion/Mild traumatic brain injury	\$100	\$150
Moderate/Severe traumatic brain injury	\$300	\$450
<b>Burn</b>		
Pays a benefit if an insured person receives a second degree burn or third degree burn as a result of an accidental injury. Treatment must be received by a physician within 72 hours after the accidental injury.		
Second degree burn, greater than 5% of total body surface	\$500	\$1,000
Third degree burn, less than 5% of total body surface	\$750	\$1,500
Third degree burn, 5-10% of total body surface	\$3,000	\$6,000
Third degree burn, greater than 10% of total body surface	\$9,000	\$18,000
<b>Burn skin graft</b>	50% of Burn	50% of Burn
Pays a benefit if an insured person receives a skin graft for a burn as a result of an accidental injury. Treatment must be received by a physician within 72 hours after the accidental injury.		
<b>Coma/Persistent vegetative state (PVS)</b>		
Coma (non-induced)	\$5,000	\$10,000
PVS	\$5,000	\$10,000
Coma (induced)	\$250	\$250
<i>Maximum days per accident</i>	10	10
<b>Dental treatment</b>		
Pays a benefit if an insured person sustains a broken tooth as the result of an accidental injury and the tooth is repaired by a dental crown and/or dental extraction. The dental services must begin within 60 days after the accidental injury.		
<i>Maximum 1 per accident</i>		
Extractions	\$50	\$75
Crown	\$150	\$225
<b>Gunshot wound</b>	\$1,000	\$1,500
<b>Laceration</b>		
Pays a benefit if an insured person receives a laceration as the result of an accidental injury. The laceration must be repaired by a physician within 72 hours after the accidental injury.		
Without stitches	\$25	\$25
With stitches, less than 7.5 centimeters	\$75	\$75
With stitches, 7.6 - 20.0 centimeters	\$300	\$300
With stitches, greater than 20.0 centimeters	\$600	\$600
<b>Posttraumatic stress disorder (PTSD)</b>	\$500	\$500
<i>Maximum diagnoses per lifetime</i>	1	1
<b>Service dog</b>	\$1,500	\$1,500
<i>Maximum service dogs per your lifetime</i>	1	1



# IDENTITY THEFT PROTECTION

iLOCK360 | [www.iLOCK360.com](http://www.iLOCK360.com) | 1.855.287.8888

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

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

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

iLock 360 MONTHLY PREMIUMS			
	BASIC	PLUS	PREMIUM
<b>EMPLOYEE ONLY</b>	District Paid	\$7.95	\$11.95
<b>EMPLOYEE + FAMILY</b>	N/A	\$14.95	\$22.95

# iLOCK360

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



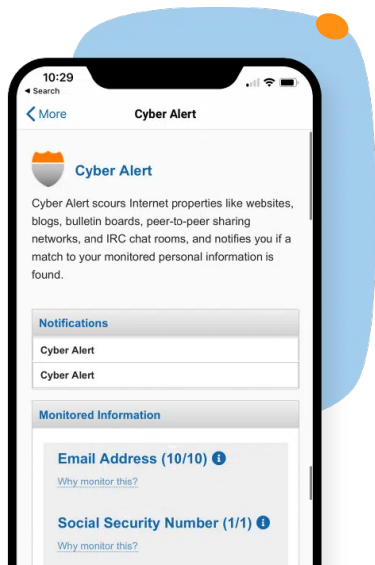
**39 seconds** is how often cyber-attacks occur

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

**17% increase** in data breaches 2022 to 2023

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

## How iLOCK360 helps



### Defend

Your personal information is monitored 24 / 7 / 365



### Protect

Alerts inform you of potential threats for immediate action



### Restore

iLOCK360 does the work to restore your identity

## Take advantage of special **EDUCATOR PRICING** during open enrollment!

Monthly payroll deduction

Coverage plan	Basic	Plus	Premium
Employee	District-Paid	\$7.95	\$11.95
Employee + Family		\$14.95	\$22.95

\*Plans with children include coverage for up to 10 Children under the age of 18.

Protect your identity **TODAY!**

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

# Learn more about the protections that iLOCK360 offers:

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

adults 
 Children to age 18 
 adults 
 Children to age 18

# MEDICAL TRANSPORT

MASA | [www.masamts.com](http://www.masamts.com) | 1.800.643.9023

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

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

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

MEDICAL TRANSPORT MONTHLY PREMIUMS		
	EMERGENT PLUS	PLATINUM
EMPLOYEE ONLY	\$14.00	\$39.00
EMPLOYEE + FAMILY	\$14.00	\$39.00



## EMERGENCY TRANSPORTATION COSTS

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

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

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



## HOW MASA IS DIFFERENT

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

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

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

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



**Any Ground. Any Air. Anywhere.™**

## OUR BENEFITS

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

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

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



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

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

**For more information, please contact Jaran Floyd or Brice Calahan**

830-377-8637 | [Jfloyd@masamts.com](mailto:Jfloyd@masamts.com)  
956-252-6818 / [Bcalahan@masamts.com](mailto:Bcalahan@masamts.com)

**EVERY FAMILY DESERVES A MASA MEMBERSHIP**

# 403(b) RETIREMENT PLANS

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) |  
1.800.523.8422, option 2 | [retirement@ffga.com](mailto:retirement@ffga.com)

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

## HOW A 403(B) WORKS

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

## BENEFITS

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

## CONTRIBUTION LIMITS

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

# 457(b) RETIREMENT PLANS-FFINVEST

TCG Services | [www.tcgservices.com](http://www.tcgservices.com) | 1.800.943.9179

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

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

# EMPLOYEE ASSISTANCE PROGRAM

Deer Oaks | [www.deeroakseap.com](http://www.deeroakseap.com) | 1.888.993.7650

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

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

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





DEER OAKS EAP SERVICES

# Discover Your EAP + Work-Life Benefit

## Employee Assistance Program

The Deer Oaks Employee Assistance Program (EAP) is a free service provided for you, your dependents, and household members by your employer. This program offers a wide variety of counseling, referral, and consultation services, which are all designed to assist you and your family in resolving work and life issues in order to live happier, healthier, more balanced lives. From stress, addiction, and change management, to locating child care facilities, legal assistance, and financial challenges, our qualified professionals are here to help. These services are completely confidential and can be easily accessed 24/7, offering you around-the-clock assistance for all of life's challenges.

- ✔ **Program Access:** You may access the EAP by calling the toll-free Helpline number, using our iConnectYou App, or instant messaging with a work-life consultant through our online instant messaging system.
- ✔ **Telephonic Assessments & Support:** In-the-moment telephonic support and crisis intervention are available 24/7 along with intake and clinical assessments.
- ✔ **Short-term Counseling:** Counseling sessions with a qualified counselor to assist with issues such as stress, anxiety, grief, marital/family challenges, relationship issues, addiction, etc. Counseling is available via structured telephonic sessions, video, and in-person at local provider offices.
- ✔ **Referrals & Community Resources:** Our team provides referrals to local community resources, member health plans, support groups, legal resources, and child/elder care/daily living resources.
- ✔ **Advantage Legal Assist:** Free 30 minute telephonic or in-person consultation with a plan attorney; 25% discount on hourly attorney fees if representation is required; unlimited online access to a wealth of educational legal resources, links, tools and forms; and interactive online Simple Will preparation.
- ✔ **Advantage Financial Assist:** Unlimited telephonic consultation with an Accredited Financial Counselor qualified to advise on a range of financial issues such as bankruptcy prevention, debt reduction, financial planning, and identity theft; supporting educational materials available; unlimited online access to a wealth of educational financial resources, links, tools and forms (i.e. tax guides, financial calculators, etc.).
- ✔ **Alternate Modes of Support:** Your EAP offers support alternatives in addition to traditional short-term counseling including telephonic life coaching, AWARE stress reduction sessions, and virtual group counseling. During your call with one of our counselors, ask if these programs would be right for you.
- ✔ **Work-life Services:** Our work-life consultants are available to assist you with a wide range of daily living resources such as locating pet sitters, event planners, home repair, tutors, travel planning, and moving services. Simply call the Helpline for resource and referral information.
- ✔ **Child & Elder Care Referrals:** Our child and elder care specialists can help you with your search for licensed child and elder care facilities in your area. They will discuss your needs, provide guidance, resources, and qualified referral packets. Searchable databases and other resources are also available on the Deer Oaks member website.
- ✔ **Take the High Road Ride Reimbursement Program:** Deer Oaks reimburses members for their cab, Lyft and Uber fares in the event that they are incapacitated due to impairment by a substance or extreme emotional condition. This service is available once per year per participant, with a maximum reimbursement of \$45.00 (excludes tips).



### CONTACT US:

Toll-Free: (888) 993-7650

Website: [www.deeroakseap.com](http://www.deeroakseap.com)

Email: [eap@deeroaks.com](mailto:eap@deeroaks.com)



# TELEHEALTH

RECURO Health | <https://recurohealth.com/> | 1.855.6recuro

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

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

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

TELEHEALTH MONTHLY PREMIUMS	
<b>EMPLOYEE ONLY</b>	\$8.00
<b>EMPLOYEE + FAMILY</b>	\$8.00

## ACCIDENTAL DEATH & DISMEMBERMENT

Blue Cross Blue Shield | [www.bcbstx.com/ancillary](http://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](http://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

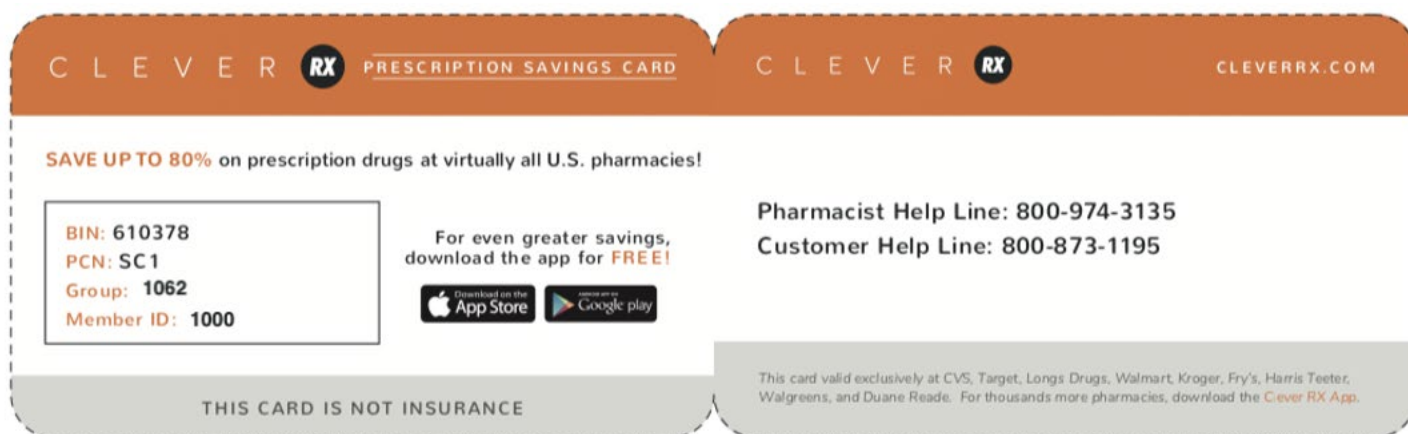
Clever RX | <https://partner.cleverrx.com/ffga> | 1.800.873.1195

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>.



# CONTACT INFORMATION

## GREGORY-PORTLAND ISD BENEFITS OFFICE

1200 Broadway Blvd. | Portland, TX 78374

361.777.1091 |

<https://www.g-pisd.org/>

## FIRST FINANCIAL GROUP OF AMERICA

Marissa Wenning, Sr. Account Manager

210.380.0832 | [marissa.wenning@ffga.com](mailto:marissa.wenning@ffga.com)

CONTACTS			
BENEFIT	CARRIER	WEBSITE	PHONE
Medical	BCBS	<a href="https://www.bcbstx.com/trsactivecare">https://www.bcbstx.com/trsactivecare</a>	(866) 355-5999
Dental	Cigna	<a href="http://www.cigna.com">www.cigna.com</a>	(800) 244-6224
Vision	Superior Vison	<a href="http://www.superiorvision.com">www.superiorvision.com</a>	(800) 507-3800
Flexible Spending Accounts	FFGA FSA Department	<a href="https://ffa.wealthcareportal.com/Page/Home">https://ffa.wealthcareportal.com/Page/Home</a>	(866) 853-3539
Health Savings Accounts	FFGA HSA	<a href="https://ffa.wealthcareportal.com/Page/Home">https://ffa.wealthcareportal.com/Page/Home</a>	(866) 853-3539
Term Life & AD&D	BCBS	<a href="http://www.bcbstx.com/ancillary">www.bcbstx.com/ancillary</a>	(877) 442-4207
Permanent Life Insurance	Texas Life	<a href="http://www.texaslife.com">www.texaslife.com</a>	(800) 283-9233
Long Term Disability	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	(800) 654-8489
Cancer	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	(800) 654-8489
Critical Illness	The Hartford	<a href="https://www.thehartford.com">https://www.thehartford.com</a>	(800) 964-3577
Accident	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	(800) 607-3366
Identity Theft Protection	iLock360	<a href="http://www.ilock360.com">www.ilock360.com</a>	(855) 287-8888
Medical Transport	MASA	<a href="http://www.masamts.com">www.masamts.com</a>	(800) 643-9023
403(b) Retirement Plans	First Financial Administrators, Inc	<a href="http://www.ffga.com">www.ffga.com</a> <a href="mailto:retirement@ffga.com">retirement@ffga.com</a>	(800) 523-8422, option 2
457(b) Retirement Plans	TCG Services	<a href="http://www.tcgservices.com">www.tcgservices.com</a>	(800) 943-9179
Employee Assistance Program	Deer Oaks	<a href="http://www.deeroakseap.com">www.deeroakseap.com</a>	(888) 993-7650
Telehealth	RECURO	<a href="https://recurohealth.com">https://recurohealth.com</a>	(855) 6RECURO
Hospital Indemnity Insurance	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	(800) 607-3366
Accidental Death & Dismemberment	BCBS	<a href="http://www.bcbstx.com/ancillary">www.bcbstx.com/ancillary</a>	(877) 442-4207
COBRA	First Financial Administrators, Inc.	<a href="http://www.ffga.com">www.ffga.com</a>	(800) 523-8422, option 4
Prescription Drug Savings	Clever RX	<a href="https://partner.cleverrx.com/ffga">https://partner.cleverrx.com/ffga</a>	(800) 873-1195