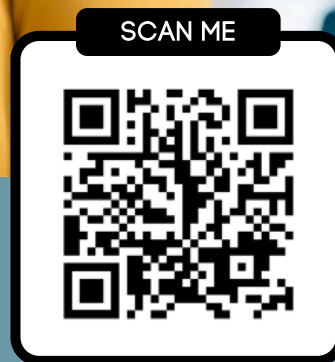


# FLOUR BLUFF ISD 2024-2025 BENEFITS GUIDE



Edelia Trevino  
Account Manager  
(361) 779-1041  
[edelia.trevino@ffga.com](mailto:edelia.trevino@ffga.com)

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

Hollie Crenshaw  
(361) 694-9202  
[hcrenshaw@flourbluffschoos.net](mailto:hcrenshaw@flourbluffschoos.net)

# Contents

- [EMPLOYEE BENEFITS CENTER](#)
- [HOW TO ENROLL](#)
- [BENEFIT ELIGIBILITY & COVERAGE](#)
- [SECTION 125 PLANS](#)
- [MEDICAL](#)
  - [MEDICAL BROCHURE](#)
- [DENTAL](#)
  - [DENTAL BROCHURE](#)
- [VISION](#)
  - [VISION BROCHURE](#)
- [FSA](#)
- [HSA](#)
- [FSA & HSA RESOURCES](#)
- [VOLUNTARY SUPPLEMENTAL INSURANCE PRODUCTS](#)
  - [TERM LIFE & AD&D](#)
    - [TERM LIFE & AD&D BROCHURE](#)
  - [TEXAS LIFE](#)
    - [TEXAS LIFE BROCHURE](#)
  - [DISABILITY INSURANCE](#)
    - [DISABILITY BROCHURE](#)
  - [CANCER INSURANCE](#)
    - [CANCER BROCHURE](#)
  - [CRITICAL ILLNESS INSURANCE](#)
    - [CRITICAL ILLNESS BROCHURE](#)
  - [ACCIDENT ONLY INSURANCE](#)
    - [ACCIDENT ONLY BROCHURE](#)
  - [HOSPITAL INDEMNITY INSURANCE](#)
    - [HOSPITAL INDEMNITY BROCHURE](#)
  - [IDENTITY THEFT PROTECTION](#)
  - [403\(b\) RETIREMENT PLANS](#)
  - [COBRA](#)
  - [MEDICARE](#)
- [BENEFIT CONTACT INFORMATION](#)

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

# Employee Benefits Center

## A guide to your benefits!

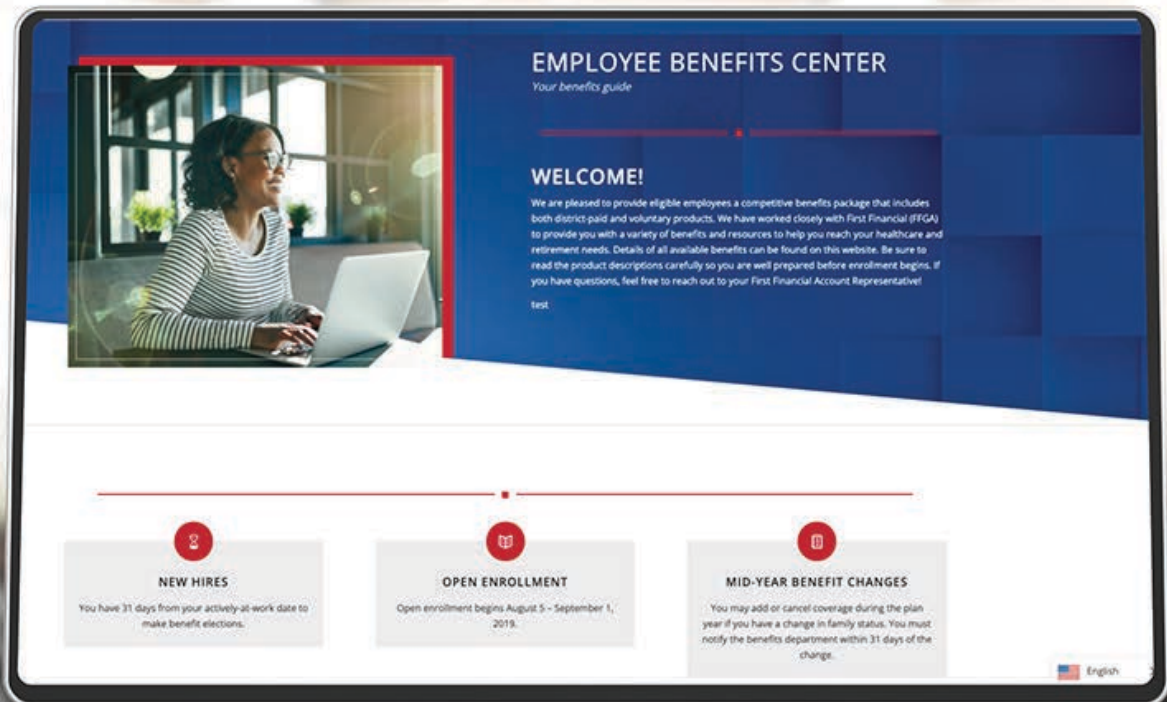
Flour Bluff ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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.



*Scan the QR code to learn more about the plans that are available this plan year!*

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



# How to Enroll

## Benefits Enrollment

### On-Site Enrollment

When it's time to enroll in your benefits, your FFGA Account Representative will be on-site to assist you with making your elections. Visit your EBC for more information.

### Online Enrollment

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

**Enroll Now**

#### 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 legal name, 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.

# Benefit Eligibility & Coverage

## Employee Coverage

### Eligibility

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

### New Employees

You have 31 days from your actively-at-work date to make benefit elections. Insurance coverage becomes effective on the first day of the month that follows a waiting period of 30 calendar days.

### Existing Employees

When it's time to enroll in your benefits, your FFGA Account Representative will be available to assist you with making your elections. Your elections can be made anytime during annual enrollment online from your work or home computer. Before enrollment, take time to educate yourself on the available benefits and what options would work best for you and your family by visiting the Employee Benefits Center.

### Mid-year Benefit Changes

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

### Qualifying Life Events Include:

- Changes in household, including marriage, divorce, legal separation, annulment, death of a spouse, birth, adoption, placement for adoption or death of a dependent child
- Loss of health coverage, attributable to your spouse's employment, losing existing health coverage including job-based, individual and 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 & 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
Tax 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 Coverage

Aetna



Your medical plans are offered through Aetna. From in- and out-of-network options to comprehensive prescription drug coverage and special health and wellness programs. The coverage you need, plus access to the Aetna network of local doctors, specialists and hospitals.

Aetna | [www.aetna.com](http://www.aetna.com) | 1.800.248.7767

## Select 1750 EPO

- Copays for many services and prescriptions
- Broad Network
- Participants must select a primary care provider who will make referrals to specialists
- No out-of-network coverage

## 3000 Savings Choice

- Copays and deductibles for services and prescriptions
- Narrow Network
- Deductible applies to medical and pharmacy
- No requirement for PCP or referrals
- In-network and out-of-network benefits – separate out-of-network deductible/out-of-pocket maximum nationwide network

## 3750 HDHP/HSA

- Deductibles must be met before coverage pays %100
- Broad Network
- Participants must select a primary care provider who will make referrals to specialists
- In-network and out-of-network benefits – separate out-of-network deductible/out-of-pocket maximum nationwide network
- Compatible with health savings account (HSA)

# MEDICAL

## AETNA

FLOUR BLUFF ISD offers three medical plans by AETNA. Aetna offers several convenient and affordable options when you need care now. Knowing the right place to go can save you time, money, and unpleasant financial surprises. The chart below provides a plan comparison overview illustrating the plan highlights. Aetna will only provide medical cards if changes are made.

Plan Name	Select 1750 EPO	3000 Savings Choice	3750 HDHP / HSA
Network	Broad	Narrow	Broad
(PCP Required)	Yes		No
<b>Deductible</b>	No		
In-Network (Individual/Family)	\$1,750 Individual/\$3,500 Family	\$3,000 Individual/\$6,000 Family	\$3,750 Individual/\$7,500 Family
Out-of-Network (Individual/Family)	N/A	\$9,000 Individual/\$18,000 Family	\$12,000 Individual/\$24,000 Family
<b>Out-of-Pocket Maximum</b>			
In-Network (Individual/Family)	\$8,000 Individual/\$16,000 Family	\$4,000 Individual/\$8,000 Family	\$3,750 Individual/\$7,500 Family
Out-of-Network (Individual/Family)	N/A	\$12,000 Individual/\$24,000 Family	\$12,000 Individual/\$24,000 Family
<b>Coinsurance</b>			
In-Network	80%	100%	100% after Deductible
Out-of-Network	N/A	70% of the recognized charge	70% of the recognized charge
Office Visit (PCP/Spec)	\$25 Copay/\$50 Copay per Visit	\$25 Copay/\$50 Copay per Visit	100%/70% after Deductible
Diagnostic Lab	\$25 Copay/\$50 Copay per Visit	100%/70% after Deductible	100%/70% after Deductible
Preventive Services	100%	100%/70% of recognized charge	100%/70% of recognized charge
Telemedicine	\$0 Copay	\$0 Copay	\$50 Fee (accrues to Deductible & Out-of-Pocket)
Complex Imaging/Radiology	80% after Deductible	100%/70% after Deductible	100%/70% after Deductible
<b>Inpatient Services</b>			
In-Network	80% after Deductible	100% after Deductible	100% after Deductible
Out-of-Network	N/A	70% of the recognized charge after Deductible	70% of the recognized charge after Deductible
<b>Outpatient Services</b>			
In-Network	80% after Deductible	100% after Deductible	100% after Deductible
Out-of-Network	N/A	70% of the recognized charge after Deductible	70% of the recognized charge after Deductible
Emergency Room Services	Deductible plus Coinsurance	\$500 Copay per Visit	100% after Deductible
Urgent Care Facility	\$50 Copay per Visit	\$75 Copay per Visit	100% after Deductible
<b>Pharmacy</b>			
Tier 1 - Generic	\$10 Copay	\$10 Copay	100% after Deductible (Certain Preventative@100%)
Tier 2 - Preferred Brand	\$25 Copay	\$25 Copay	100% after Deductible (Certain Preventative@100%)
Tier 3 - Non-Preferred Brand	\$50 Copay	\$50 Copay	100% after Deductible (Certain Preventative@100%)



# MEDICAL

## DEDUCTIONS

### Select 1750 EPO

	Monthly	17 pay	Bi-weekly
<b>Employee</b>	\$207.39	\$146.39	\$103.70
<b>Employee + Spouse</b>	\$832.79	\$587.85	\$416.40
<b>Employee + Child</b>	\$676.43	\$477.48	\$338.22
<b>Family</b>	\$1,301.87	\$918.97	\$650.94

### 3000 Savings Choice

	Monthly	17 pay	Bi-weekly
<b>Employee</b>	\$204.56	\$144.39	\$102.28
<b>Employee + Spouse</b>	\$827.13	\$583.86	\$413.56
<b>Employee + Child</b>	\$671.48	\$473.99	\$335.74
<b>Family</b>	\$1,294.09	\$913.48	\$647.05

### 3750 HDHP / HSA

	Monthly	17 pay	Bi-weekly
<b>Employee</b>	\$80.24	\$56.64	\$40.12
<b>Employee + Spouse</b>	\$597.65	\$421.87	\$298.82
<b>Employee + Child</b>	\$470.68	\$332.25	\$235.34
<b>Family</b>	\$978.55	\$690.74	\$489.28

# Dental Insurance

## Plan Choices



MetLife | [www.metlife.com](http://www.metlife.com) | 800-942-0854

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
- Crown
- Root Canals

Dental Monthly Premiums		
	Low	High
Employee Only	\$18.68	\$34.59
Employee + Spouse	\$40.83	\$77.71
Employee + Children	\$46.01	\$75.12
Employee + Family	\$71.69	\$119.41

Deductible Year: January 2024 - December 2024

Plan Year: September 2024 - August 2025.



You deserve to be choosy when it comes to finding the right dentist.

## Why Dental Insurance Makes Sense

Dental problems can be unpredictable and expensive. Did you know that a crown can cost up to \$1,454?<sup>1</sup> Take advantage of this opportunity to enroll in your company's dental plan. Compare and choose the High- or Low-Option plan for coverage that meets your needs. It helps reduce your out-of-pocket expenses for dental care. And the preventive care benefits can help avoid costly dental problems in the future.

A high-option plan includes preventive and basic services like cleanings, x-rays and fillings, and provides more coverage for expensive procedures like **implants, root canals, crowns and orthodontics**.

### Enroll today!

For questions, please call MetLife at **1-800-GET-MET8 (1-800-438-6388)**

Enroll at [www.enrollmentsite.com](http://www.enrollmentsite.com) or contact your HR representative to [learn more](#).

### How it works:

While eating dinner, Kathy bit down and broke her crown. A crown in Kathy's area is about **\$1,454**.<sup>1</sup> Since Kathy's participating dentist agreed to charge **\$895** for covered MetLife enrollees, and her plan covers 50% for this procedure, Kathy's out-of-pocket costs are only **\$447.50**. That's a savings of **\$1,006**! By using a participating dentist, Kathy maximized her benefits and paid less than a quarter of the typical cost.<sup>2</sup>

<b>\$1,454</b>	<b>Dentists' usual fee<sup>1</sup></b>
<b>\$895</b>	<b>Charge by MetLife participating dentist</b>
<b>\$447.50</b>	<b>Kathy's out-of-pocket costs</b>

*The above is a hypothetical example only. Actual costs and out-of-pocket expenses may vary.*



### Why should I enroll now?

- Competitive group rates
- Easy payroll deduction
- Value-added services at no additional cost to you
- Choose from 475,000+ in-network dentist locations nationwide<sup>3</sup>



## Why MetLife Dental Insurance is the right fit for you.

Visits to the dentist can be expensive. From preventive care to major services, Dental Insurance is a smart way to protect your smile and wallet.



### Extensive provider network

The MetLife dental network includes over 133,000 licensed dentists in more than 475,000 locations nationwide.<sup>3</sup>



### Flexibility to see any dentist

Our plans give you the flexibility to visit providers in or out-of-network.<sup>4</sup> **Most cleanings and exams are covered 100%.**



### Cost savings

As a MetLife member, take advantage of saving up to 35-50% on dentist list prices.<sup>5</sup>



### Know what your plan covers:

#### Preventive care\*

**Cleanings and exams**

#### Basic care

**X-rays and fillings**

#### Major care

**Crowns and root canals**

*\*Subject to frequency limits.*

## Compare and choose the High- or Low-Option plan for coverage that meets your needs.

Which plan is best for you?	High PPO Plan	Low PPO Plan
I mainly want to have regular teeth cleanings and X-rays		
I am only focused on preventive and basic dental services		
I've got children who need braces		
As an adult, I may want to consider braces		
I'm going to need implants in the future		



## Compare the benefits under the Low- and High-Option plans

Services	Low-Option Benefit	High-Option Benefit
	In-network: <sup>6</sup> % of Negotiated fee <sup>5</sup> Out-of-network: <sup>6</sup> % of R&C fee <sup>7</sup> Scheduled Amount <sup>8</sup>	In-network: <sup>6</sup> % of Negotiated fee <sup>5</sup> Out-of-network: <sup>6</sup> % of R&C fee <sup>7</sup> Scheduled Amount <sup>8</sup>
<b>Preventive &amp; Diagnostic Services</b>	In-Network: 100% Out-of-Network: 100%	In-Network: 100% Out-of-Network: 100%
<b>Basic Restorative Services</b>	In-Network: 50% Out-of-Network: 50%	In-Network: 80% Out-of-Network: 80%
<b>Major Restorative Services</b>	In-Network: 0% Out-of-Network: 0%	In-Network: 50% Out-of-Network: 50%
<b>Child Orthodontia Covered Services<sup>9</sup></b>	<b>Orthodontia not covered</b>	In-Network: 50% Out-of-Network: 50%
<b>Calendar-Year Deductible – Applies to Basic and Major Restorative Services Individual Family</b>	\$50 \$150	\$50 \$150
<b>Waiting Period</b>	6 months for Basic Restorative 12 months for Major Restorative	6 months for Basic Restorative 12 months for Major Restorative & Child Orthodontia
<b>Calendar-Year Maximum Benefit</b>	\$1,000/person	\$1,000/person
<b>Child Orthodontia Lifetime Maximum</b>	<b>Orthodontia not covered</b>	\$1,000/person

### Additional Benefits include:

- If diagnosed with a medical condition such as diabetes, pregnancy or heart disease, your plan provides access to enhanced dental coverage levels and reimbursement of out-of-pocket costs for specific preventive and periodontal dental services to help you manage your overall health.
- Your plan includes an incentive provision that [increases the annual maximum] [increases the coinsurance percentage] [reduces the plan deductible]. The [annual maximum will increase by [\$XX]] [coinsurance percentage will increase by [XX%]] for [preventive] [basic] [major] services [plan deductible will decrease by [\$XX]] [based on your preventive care behaviors, including exams and cleanings] [when you have more than [\$300/\$500/\$750/\$1,000/\$1,250] in dental claims paid by the plan] in the prior year. If you meet the eligibility criteria, you can remain eligible for this incentive for up to [2 or 3] years.

# Make healthy behaviors even more rewarding for employees.

MetLife's Incentive Provision encourages preventive care.

## Incentives To Keep.

Once higher benefits are earned, employees can enjoy them for as long as they're enrolled in the plan.



Contact your MetLife representative to make MetLife's Incentive Provision part of your plan.

MetLife believes that regular dental visits are so important to one's overall health that they deserve to be rewarded. How? By increasing annual maximums and/or coinsurance percentages, and/or by reducing deductibles. All of which are benefits of offering employees an Incentive Provision to their dental plans.

- Rewards are personalized, enabling each eligible member and their dependents to qualify and earn the incentive based on their preventive dental care visits during the previous year.
- Based on dental claims paid the previous year, richer benefits are given over time to employees and enrolled family members who may need more care in the future.
- Benefits increase for up to three years giving employees additional incentive to remain in the plan.
- When the Incentive Provision is included in the group plan, employees can start earning incentives for use in the following year and they automatically renew each year.

## How the Incentive Provision Works

Annual Maximum Benefit	Plan's Incentive Provision	New Annual Maximum for qualifying members
\$1,500	+ Members who receive 1 exam and cleaning in the previous year earn a \$150 increase in their annual max (capped after 3 years)	Year 1: \$1,650 Year 2: \$1,800* Year 3: \$1,950*

\*Note: If a member does not meet the qualifying criteria in a given year, their annual maximum would stay the same as the prior year's amount.

## Everyone Benefits



Helps employees get more from their dental benefits. Employees will have health and financial incentives to make preventive visits more routine.



Deliver wellness benefits to all participating employees. When the Incentive Provision is included in the group plan, the benefits are available on the participant's first effective day and automatically renew each year.



Promote improved oral health and overall wellness. When oral care is part of an employee's health routine, it increases the likelihood of preventing issues that could require more extensive dental services if left unchecked.

## Additional Examples of How the Incentive Provision Works

Individual Deductible	Plan's Incentive Provision	New Deductible for qualifying members
\$50	+ Members who receive 1 exam and cleaning in the previous year earn a \$25 decrease to their deductible (capped after 2 years)	Year 1: \$25 Year 2: \$0

Coinsurance	Plan's Incentive Provision	New Coinsurance for qualifying members
100/80/50	+ Members who receive 1 exam and cleaning in the previous year earn a 5% increase to their coinsurance (capped after 2 years)	Year 1: 100/85/55 Year 2: 100/90/60

Benefits	Plan's Incentive Provision	New Benefit for qualifying members
Annual Maximum: \$1,500 Deductible: \$50	+ Members who receive 1 exam and cleaning in the previous year earn a \$250 increase to their annual max and \$25 decrease to their deductible (capped after 2 years)	Year 1: \$1,750 annual max and \$25 deductible Year 2: \$2,000 annual max and \$0 deductible

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

Like most group benefits programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your MetLife group representative for costs and complete details.

Group dental plans featuring the Preferred Dentist Program are provided by Metropolitan Life Insurance Company, New York, NY 10166



# A Wellness Win: Add MetLife’s Preventive & Diagnostic Waiver and Incentive Provision to Your Dental Benefits

Routine visits to the dentist may help prevent costly dental bills later as well as problems linked to medical conditions like diabetes or heart disease.<sup>1</sup> That’s why MetLife offers plan features designed to encourage preventive dental care, reduce out-of-pocket costs, and promote employee wellness.

**Preventive and Diagnostic (P&D) Waiver:** When the MetLife P&D Waiver is part of your plan, the costs of covered preventive and diagnostic dental services – like cleanings, exams, X-rays, and more – don’t count against plan year maximums. That means if employees need more extensive dental services, they’ll have more of their annual plan maximum available.



Give employees another reason to smile.

Contact your MetLife representative to make MetLife’s dental wellness features part of your plan.

### Example: P&D Waiver in action

Annual Maximum Benefit	Two routine dental check-ups, i.e. cleaning, x-ray, exam	Remaining annual benefit with P&D waiver	Remaining annual benefit without P&D waiver
\$1500	\$400	\$1500	\$1100

*Note: This example is being provided for illustrative purposes only and includes cost for two routine dental check-ups a year with a \$1500 annual maximum.*

**Incentive Provision:** Add MetLife’s Incentive Provision to your dental plan to reward good oral health behaviors by increasing a member’s annual maximum, increasing their coinsurance percentage, and/or reducing their plan deductible based on their claims behavior or utilization. The feature is personalized, enabling each eligible member and their dependents to qualify and earn the incentive based on their preventive dental care visits during the previous year.

### Example: How the Incentive Provision works

Annual Maximum Benefit	Plan’s Incentive Provision	New Annual Maximum for qualifying members
\$1500	+ \$50 Members who receive 2 exams and cleanings in the previous year earn a \$50 increase in their annual max (capped after 3 years)	Year 1: \$1,550 Year 2: \$1,600* Year 3: \$1,650*

*\*Note: This example is being provided for illustrative purposes only. If a member does not meet the qualifying criteria in a given year, their annual maximum would stay the same as the prior year’s amount.*

### With MetLife’s P&D Waiver and Incentive Provisions, you can:



**Helps employees get more from their dental benefits.** Employees will be less likely to put off preventive visits in order to reduce out-of-pocket costs or save their annual max dollars for more expensive care.



**Deliver added wellness benefits to all participating employees.** There are no qualification requirements. When the P&D Waiver or Incentive Provision is included in the group plan, the benefits are available on the participant’s first effective day and automatically renew each year.



**Promote improved oral health and overall wellness.** Routine dental care may help catch and prevent issues that would require more extensive dental services if left undetected.



# Vision Insurance

Davis Vision | [www.davisvision.com/eye-care-professionals](http://www.davisvision.com/eye-care-professionals) | 800-999-5431

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 Premium		
	Standard	Enhanced
Employee Only	\$5.89	\$7.98
Employee + One	\$11.19	\$15.16
Employee + Family	\$17.20	\$23.30

**Employees will not receive benefit cards**



# Flour Bluff ISD your vision plan

Client code: 9146

## Frequency

Exam: September 1  
 Lenses & lens upgrades: September 1  
 Frame: September 1  
 Contacts, evaluation & fitting: September 1



## Sign up during open enrollment

For more details about the plan, visit [davisvision.com/member](http://davisvision.com/member) and enter your Client Code or call 1 (877) 923-2847 and enter your Client Code when prompted.



Exams &  
Services

Eye Exam copay:  
**\$10**

Contacts evaluation, fitting & follow-up:

Collection lens	Non-Collection lens
<b>\$0 copay</b>	<b>15% savings<sup>1</sup></b>



Frame

Allowance:

**\$120**

+Additional 20% off any overage.<sup>1</sup>

or

The Exclusive Collection copay:

Fashion	Designer	Premier
Covered in full	Covered in full	<b>\$25</b>



Lenses

Lens copay:  
**\$20**



Contacts<sup>2</sup>  
in lieu of glasses

Allowance:

**\$145**

+Additional 15% off any overage.<sup>1</sup>

or

The Exclusive Collection  
of Contact Lenses:<sup>3</sup>

**Covered in full**

## Using your client code

Log in using your client code (listed above) at [davisvision.com/member](http://davisvision.com/member) to find a list of in-network providers near you and access your benefit information.

## The Exclusive Collection

The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S. Log in to browse frames, and find a Collection near you.

## Free breakage warranty

Your glasses are covered with our FREE one-year breakage warranty. Some limitations apply.

## Find a network provider...

Enter your client code in the "Member Sign In" section of our website at [davisvision.com/member](http://davisvision.com/member) to locate a provider near you including Visionworks.

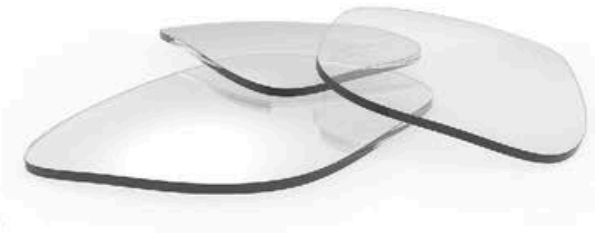
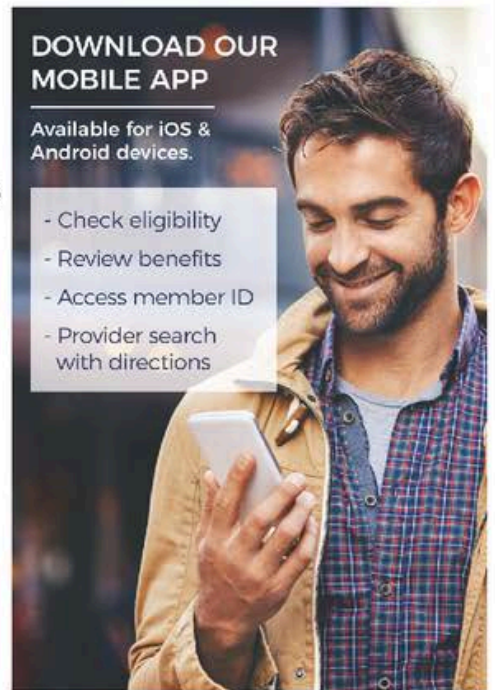
## Options & upgrades

### Lens options

Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX)	\$0
Polycarbonate Lenses (Children / Adults)	\$0 or \$30
High-Index Lenses 1.67	\$55
High-Index Lenses 1.74	\$120
Polarized Lenses	\$75
Progressive Lenses (Standard / Premium / Ultra / Ultimate)	\$50 / \$90 / \$140 / \$175
Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate)	\$35 / \$48 / \$60 / \$85
Ultraviolet Coating	\$12
Tinting of Plastic Lenses (Solid / Gradient)	\$0
Plastic Photochromic Lenses (Transitions® Signature™)	\$65
Scratch-Resistant Coating	\$0
Premium Scratch-Resistant Coating	\$30
Scratch-Protection Plan (Single-Vision   Multifocal)	\$20   \$40
Digital Single Vision Lenses	\$30
Trivex Lenses	\$50
Blue Light Filtering	\$15

### Additional savings

Retinal imaging (Member charge)	\$39
Additional pairs of eyeglasses	30% discount <sup>1</sup>
Laser Vision Correction One-Time/Lifetime Allowance	\$200



Employee rates	Monthly	Annually
Employee	\$5.89	\$70.68
Employee + One	\$11.19	\$134.28
Employee + Family	\$17.20	\$206.40

### Out-of-network benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

Out-of-network reimbursement schedule (up to)	
Eye Examination: \$40	Trifocal Lenses: \$80
Frame: \$50	Lenticular Lenses: \$100
Single-Vision Lenses: \$40	Elective Contact Lenses: \$105
Bifocal / Progressive Lenses: \$60	Visually Required Contacts: \$225

<sup>1</sup> Some limitations apply to additional discounts; discounts not applicable at all in-network providers. <sup>2</sup> Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. <sup>3</sup> The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.

# Flour Bluff ISD your vision plan

Client code: 9147

## Frequency

Exam: September 1  
 Lenses & lens upgrades: September 1  
 Frame: September 1  
 Contacts, evaluation & fitting: September 1



Sign up during  
open enrollment

For more details about the plan, visit [davisvision.com/member](https://davisvision.com/member) and enter your Client Code or call 1 (877) 923-2847 and enter your Client Code when prompted.



### Exams & Services

Eye Exam copay:  
**\$0**

Contacts evaluation, fitting & follow-up:

Collection lens	Non-Collection lens
<b>\$0 copay</b>	<b>15% savings<sup>1</sup></b>



### Frame

Allowance:

**\$150**

+Additional 20% off any overage.<sup>1</sup>

or

The Exclusive Collection copay:

Fashion	Designer	Premier
Covered in full	Covered in full	<b>\$25</b>



### Lenses

Lens copay:  
**\$5**



### Contacts<sup>2</sup> in lieu of glasses

Allowance:

**\$200**

+Additional 15% off any overage.<sup>1</sup>

or

The Exclusive Collection  
of Contact Lenses:<sup>3</sup>

**Covered in full**

## Using your client code

Log in using your client code (listed above) at [davisvision.com/member](https://davisvision.com/member) to find a list of in-network providers near you and access your benefit information.

## The Exclusive Collection

The Exclusive Collection of frames is available at nearly 9,000 locations across the U.S. Log in to browse frames, and find a Collection near you.

## Free breakage warranty

Your glasses are covered with our FREE one-year breakage warranty. Some limitations apply.

## Find a network provider...

Enter your client code in the "Member Sign In" section of our website at [davisvision.com/member](https://davisvision.com/member) to locate a provider near you including Visionworks.

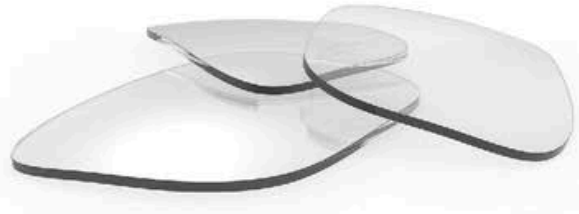
## Options & upgrades

### Lens options

Clear plastic single-vision, bifocal, trifocal or lenticular lenses (any RX)	\$0
Polycarbonate Lenses (Children / Adults)	\$0 or \$30
High-Index Lenses 1.67	\$55
High-Index Lenses 1.74	\$120
Polarized Lenses	\$75
Progressive Lenses (Standard / Premium / Ultra / Ultimate)	\$50 / \$90 / \$140 / \$175
Anti-Reflective (AR) Coating (Standard / Premium / Ultra / Ultimate)	\$35 / \$48 / \$60 / \$85
Ultraviolet Coating	\$12
Tinting of Plastic Lenses (Solid / Gradient)	\$0
Plastic Photochromic Lenses (Transitions® Signature™)	\$65
Scratch-Resistant Coating	\$0
Premium Scratch-Resistant Coating	\$30
Scratch-Protection Plan (Single-Vision   Multifocal)	\$20   \$40
Digital Single Vision Lenses	\$30
Trivex Lenses	\$50
Blue Light Filtering	\$15

### Additional savings

Retinal imaging (Member charge)	\$39
Additional pairs of eyeglasses	30% discount <sup>1</sup>
Laser Vision Correction One-Time/Lifetime Allowance	\$200



Employee rates	Monthly	Annually
Employee	\$7.98	\$95.76
Employee + One	\$15.16	\$181.92
Employee + Family	\$23.30	\$279.60

### Out-of-network benefits

You may receive services from an out-of-network provider, although you will receive the greatest value and maximize your benefit dollars if you select a provider who participates in the network.

Out-of-network reimbursement schedule (up to)	
Eye Examination: \$40	Trifocal Lenses: \$80
Frame: \$50	Lenticular Lenses: \$100
Single-Vision Lenses: \$40	Elective Contact Lenses: \$105
Bifocal / Progressive Lenses: \$60	Visually Required Contacts: \$225

<sup>1</sup> Some limitations apply to additional discounts; discounts not applicable at all in-network providers. <sup>2</sup> Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. <sup>3</sup> The Davis Vision Exclusive Collection of Contact Lenses is available at participating providers. Evaluation, fitting and follow-up care for Collection contacts are covered in full. Davis Vision has done its best to accurately reflect plan coverage herein. If differences exist between this document and the plan contract, the contract will prevail.

# 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 \$640 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$640 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$640 will be forfeited under the use-it-or-lose-it rule.

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

### Medical FSA 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.**

### Dependent Care FSA 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.

# Limited Purpose FSA



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

A Limited Purpose Flexible Spending Account (LPFSA) works together with a Health Savings Account (HSA) for you to further optimize your tax savings. By establishing an LPFSA, you can save money on taxes by using the account for eligible dental and vision expenses while preserving your HSA funds for other purposes, including simply saving those funds for the future.

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

## Limited Purpose FSA Highlights

- Only certain dental and vision expense are eligible such as eye exams, contact lenses and eyeglasses.
- Funds can be accessed by submitting a claim or paying for expenses upfront with a benefits debit card.
- Purchases may need to be verified during the claims process, so be sure to save your receipts.
- If the carryover provision is elected by your employer, balances may be carried over to the following plan year.

# Health Savings Account

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

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

## Health Savings Account 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.

	2024	2025
HSA Contribution Limits	<ul style="list-style-type: none"><li>• Self: \$4,150</li><li>• Family: \$8,300</li></ul>	<ul style="list-style-type: none"><li>• Self Only: \$4,300</li><li>• Family: \$8,550</li></ul>
Health Insurance Deductible Limits	<ul style="list-style-type: none"><li>• Self Only: \$1,600</li><li>• Family: \$3,200</li></ul>	<ul style="list-style-type: none"><li>• Self Only: \$1,650</li><li>• Family: \$3,300</li></ul>

\$1,000 catch-up contributions (age 55 or older)



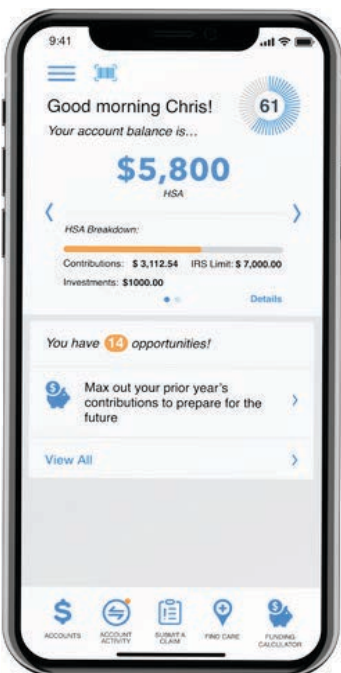
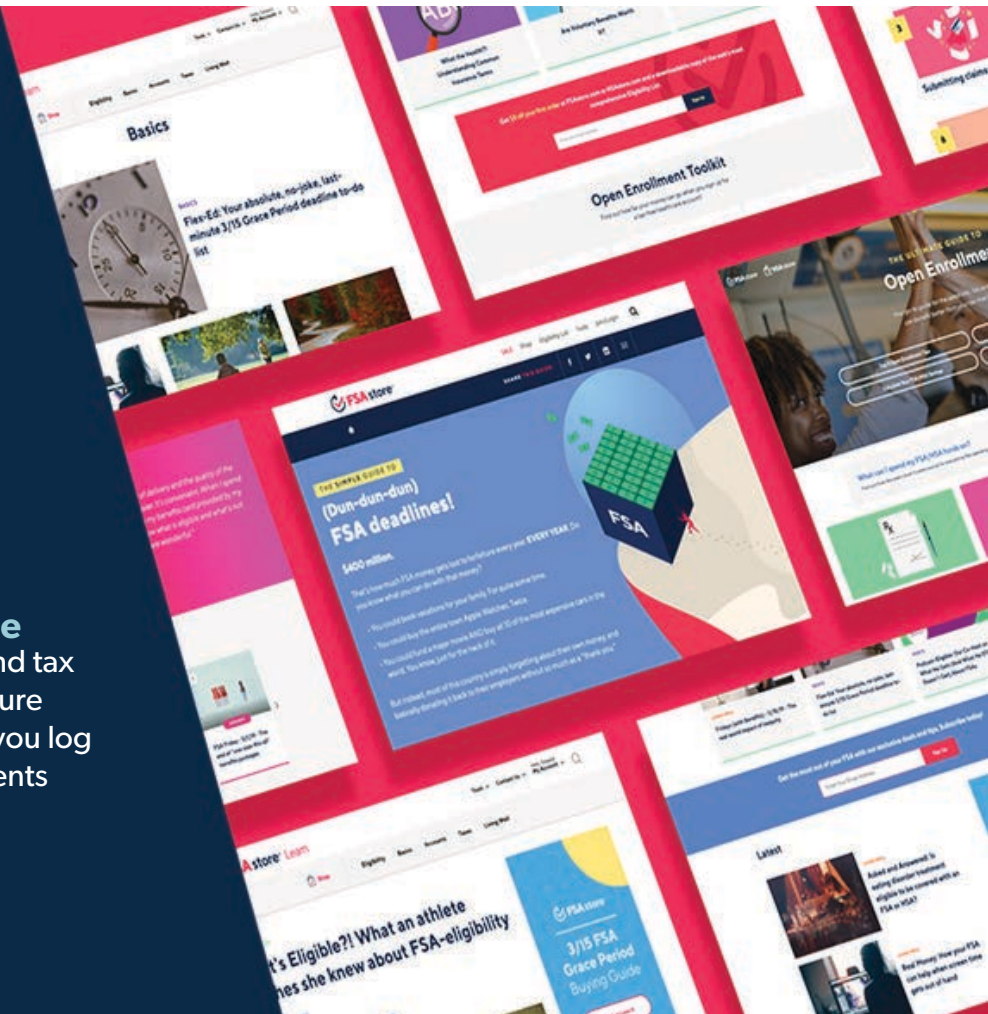
# FSA & HSA Resources

## Benefits Card

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

## View Your Account Details Online

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



## FF Mobile Account App

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

## FSA/HSA Store

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



# Term Life & AD&D

## Employer-Paid & Voluntary

The Standard | [www.standard.com](http://www.standard.com) | 800-628-8600

### Employer-Paid Term Life Insurance

Life insurance protects your loved ones. It pays a benefit so they can afford to pay for funeral expenses, pay off debt and maintain their current standard of living. It is one of the best ways to show you care. Your employer provides all eligible employees a \$20,000. The cost of this policy is paid for 100% by your employer. This is a term life policy that is in effect while you are employed.

### Voluntary Term Life Insurance

Voluntary life insurance is term life coverage you can purchase in addition to the basic life plan provided by your employer. It will cover you for a specific period of time while you are employed. Plan amounts are offered in tiers so you can choose the amount of coverage that works best for you and your family. Because it's a group plan, premiums are typically lower, so it's more affordable to gain the peace of mind that life insurance provides. Limitations apply, please see policy for details. Visit the Employee Benefits Center for more details.





# Group Basic Life and Accidental Death and Dismemberment Insurance

Group Basic Life insurance from Standard Insurance Company helps provide financial protection by promising to pay a benefit in the event of an eligible member's covered death. Basic Accidental Death and Dismemberment (AD&D) insurance may provide an additional amount in the event of a covered death or dismemberment as a result of an accident.

The cost of this insurance is paid by Flour Bluff Independent School District.

## Eligibility

<b>Definition of a Member</b>	You are a member if you are a regular employee of Flour Bluff Independent School District and actively working at least 20 hours each week. You are not a member if you are a temporary or seasonal employee, a full-time member of the armed forces, a leased employee or an independent contractor.
<b>Eligibility Waiting Period</b>	You are eligible on the first of the month that follows or coincides with the date you become a member.

## Benefits

<b>Basic Life Coverage Amount</b>	Your Basic Life coverage amount is \$20,000.
<b>Basic AD&amp;D Coverage Amount</b>	For a covered accidental loss of life, your Basic AD&D coverage amount is equal to your Basic Life coverage amount. For other covered losses, a percentage of this benefit will be payable.
<b>Life Age Reductions</b>	Basic Life and AD&D insurance coverage amount reduces to 50 percent at age 70.

## Other Basic Life Features and Services

- Accelerated Death Benefit
- Life Services Toolkit
- Portability of Insurance
- Repatriation Benefit
- Right to Convert
- Standard Secure Access account payment option
- Travel Assistance
- Waiver of Premium

## Other Basic AD&D Features

- Family Benefits Package
- Helmet Benefit
- Seat Belt and Air Bag Benefits

This information is only a brief description of the group Basic Life/AD&D insurance policy sponsored by Flour Bluff Independent School District. The controlling provisions will be in the group policy issued by The Standard. The group policy contains a detailed description of the limitations, reductions in benefits, exclusions and when The Standard and Flour Bluff Independent School District may increase the cost of coverage, amend or cancel the policy. A group certificate of insurance that describes the terms and conditions of the group policy is available for those who become insured according to its terms. For more complete details of coverage, contact your human resources representative.

Standard Insurance Company  
1100 SW Sixth Avenue  
Portland OR 97204

[www.standard.com](http://www.standard.com)

SI 22165-D-TX-172938 (8/24)

7652121-1197167



# Group Additional Life and AD&D Insurance

Help protect your loved ones from financial hardship.

Life insurance coverage is designed to help provide financial support and stability to your family should you pass away. Accidental Death & Dismemberment (AD&D) insurance provides an extra layer of protection if you die or become dismembered in an accident. You can also cover your eligible spouse and child(ren).



## This plan offers:

- Competitive group rates
- The convenience of payroll deduction
- Benefits if you are dismembered, become terminally ill or die

## 🔗 About This Coverage

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

### Life Insurance

#### How Much Can I Apply For?

Your combined Basic Life and Additional Life amounts cannot exceed a maximum of 8 times your annual earnings. The coverage amount for your spouse cannot exceed 100 percent of your Additional Life coverage.

For You: **\$10,000 – \$500,000** in increments of **\$10,000**

For Your Spouse: **\$5,000 – \$250,000** in increments of **\$5,000**

For Your Child(ren): **\$10,000**

#### What is the Guarantee Issue Maximum?

Depending on your eligibility, this is the maximum amount of coverage you may apply for during initial enrollment without answering health questions.

For You: Up to **\$200,000**

For Your Spouse: Up to **\$50,000**

To apply for an amount over the guarantee issue, visit <https://myeoi.standard.com/172938> to complete and submit a medical history statement online.

### AD&D Insurance

The benefit is paid if you or your dependents are seriously injured or pass away as a result of a covered accident.

#### What Does My AD&D Benefit Provide?

Note: You cannot buy more coverage for your spouse or child(ren) than you buy for yourself.

For You:	The AD&D insurance coverage amount matches what you elect for Additional Life insurance.
For Your Spouse:	The AD&D insurance coverage amount matches what you elect for Dependent Life insurance.
For Your Child(ren):	The AD&D insurance coverage amount matches what you elect for Dependent Life insurance.

Keep in mind that the amount payable for certain losses is less than 100 percent of the AD&D insurance benefit.

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

## Additional Feature

### Life Insurance

#### Accelerated Death Benefit

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

## How Much Life Insurance Do You Need?

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

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

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

## 💰 How Much Your Coverage Costs

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

### Use this formula to calculate your premium payment:

$$\underline{\hspace{2cm}} \div 1000 = \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

Enter the amount of coverage you are requesting (see benefit amounts in the About This Coverage section).

Enter your rate from the rate table.

This amount is an estimate of how much you would pay each month.

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

If you buy Dependent Life with AD&D coverage for your child(ren), your monthly rate is \$0.12 per \$1,000, no matter how many children you're covering. Your monthly AD&D rate of \$0.02 per \$1,000 is included.

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

\*Includes a monthly AD&D rate of \$0.02 per \$1,000 of AD&D benefit.

\*\*Includes a monthly AD&D rate of \$0.02 per \$1,000 of AD&D benefit for your spouse.

# Texas Life

## Permanent Life



Texas Life | [www.texaslife.com](http://www.texaslife.com) | 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.

### **Texas Life - Permanent Life Highlights**

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





# WOW!

## LIFE INSURANCE YOU CAN KEEP!

### LIFE INSURANCE HIGHLIGHTS

For the employee



**IT'S AFFORDABLE**  
**YOU OWN IT**



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



**YOU CAN COVER YOUR SPOUSE, CHILDREN**  
**AND GRANDCHILDREN, 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.

---

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

---

<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.

---

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

---

<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 – Standard Risk Table Premiums – Non-Tobacco – Express Issue**

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		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  
 23M014-C-M FFGA-NT 1012 (exp0325)

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
	\$10,000	\$25,000	\$50,000	\$75,000	\$100,000	\$150,000	\$200,000	\$250,000	\$300,000	
17-20		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

The Standard | [www.standard.com](http://www.standard.com) | 800-628-8600

## Why Do I Need Disability Insurance?

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?





**Voluntary Long Term Disability (LTD) Insurance**

Long Term Disability insurance is designed to pay a monthly benefit to you in the event you cannot work because of a covered illness or injury. This benefit replaces a portion of your income, thus helping you to meet your financial commitments in a time of need. Standard Insurance Company (The Standard) has developed this document to provide you with information about the optional coverage you may select through Flour Bluff Independent School District.

**Eligibility Requirements**

- |                 |   |
|-----------------|---|
| <b>Policy</b>   | <ul style="list-style-type: none"> <li>• A minimum number of eligible employees must apply and qualify for the proposed plan before Educator Options Voluntary LTD coverage can become effective</li> </ul>   |
| <b>Employee</b> | <ul style="list-style-type: none"> <li>• A regular employee of Flour Bluff Independent School District</li> <li>• Actively working at least 20 hours each week</li> <li>• A citizen or resident of the United States or Canada</li> <li>• Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible</li> </ul> |
| <b>Premium</b>  | <ul style="list-style-type: none"> <li>• You pay 100 percent of the premium for this coverage through easy payroll deduction</li> </ul>   |

**Benefit Amount**

- |                                     |  |
|-------------------------------------|--|
| <b>Benefit Amount</b>               | You may select a monthly benefit amount in \$100 increments, based on the table and guidelines presented in the Rates section of these Coverage Highlights. The monthly benefit amount must not exceed 66 2/3 percent of your monthly predisability earnings. The minimum monthly amount you may elect is \$200. |
| <b>Plan Maximum Monthly Benefit</b> | The lesser of \$8,000 or 66 2/3 percent of your predisability earnings   |
| <b>Plan Minimum Monthly Benefit</b> | 25 percent of your LTD benefit before reduction by deductible income   |

Note:

- If you do not apply for this coverage within 31 days after becoming eligible, and later decide to do so, you must wait until your employer holds an annual enrollment.
- Reinstatements are subject to medical underwriting approval. To submit a medical history statement online, visit: <https://myeoi.standard.com/172938>.

**Disability Needs Calculator**

Your family has a unique set of circumstances and financial demands. To help you figure out the amount of Disability insurance you may need if you become unable to work, The Standard has created a Disability Needs Calculator found at: <http://www.standard.com/calculators/dineeds.html>

**Employee Coverage Effective Date**

To become insured, you must satisfy the eligibility requirements listed above, serve an eligibility waiting period, receive medical underwriting approval (if applicable), and be actively at work (able to perform all normal duties of your job) on the day before the scheduled effective date of insurance. If you are not actively at work on the day before the scheduled effective date of insurance, your insurance will not become effective until the day after you complete one full day of active work as an eligible employee.

Please contact your human resources representative for more information regarding the requirements that must be satisfied for your insurance to become effective.

**Understanding Your Plan Design****Benefit Waiting Period**

The benefit waiting period is the period of time that you must be continuously disabled before benefits become payable. Benefits are not payable during the benefit waiting period. The benefit waiting period options associated with your plan include:

<u>Accidental Injury</u>	<u>Other Disabilities</u>
7 days	7 days
14 days	14 days
30 days	30 days
60 days	60 days
90 days	90 days
180 days	180 days

**Own Occupation Definition of Disability**

For the benefit waiting period and the first 24 months for which LTD benefits are paid, you are considered disabled when you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of your own occupation **AND** are suffering a loss of at least 20 percent of your indexed predisability earnings when working in your own occupation. You are not disabled merely because your right to perform your own occupation is restricted, including a restriction or loss of license.

**Any Occupation Definition of Disability**

After the own occupation period of disability, you will be considered disabled if you are unable as a result of physical disease, injury, pregnancy or mental disorder to perform with reasonable continuity the material duties of any occupation.

**Deductible Income**

Deductible income is income you receive or are eligible to receive while LTD benefits are payable. Deductible income includes, but is not limited to:

- Sick pay, annual or personal leave pay, severance pay or other forms of salary continuation (including donated amounts) paid
- Benefits under any workers' compensation law or similar law
- Amounts under unemployment compensation law
- Social Security disability or retirement benefits, including benefits for your spouse and children
- Disability benefits from any other group insurance
- Disability or retirement benefits under your employer's retirement plan
- Benefits under any state disability income benefit law or similar law
- Earnings or compensation included in predisability earnings which you receive or are eligible to receive while LTD benefits are payable
- Earnings from work activity while you are disabled, plus the earnings you could receive if you worked as much as your disability allows
- Amounts due from or on behalf of a third party because of your disability, whether by judgment, settlement or other method
- Any amount you receive by compromise, settlement or other method as a result of a claim for any of the above



**Maximum Benefit Period**

The maximum period for which benefits are payable is shown in the table below:

If you become disabled before age 62, LTD benefits may continue during disability until age 65 or to the Social Security Normal Retirement Age (SSNRA) or 3 years 6 months, whichever is longer. If you become disabled at age 62 or older, the benefit duration is determined by the age when disability begins:

<u>Age</u>	<u>Maximum Benefit Period</u>
62	To SSNRA, or 3 years 6 months, whichever is longer
63	To SSNRA, or 3 years, whichever is longer
64	To SSNRA, or 2 years 6 months, whichever is longer
65	2 years
66	1 year 9 months
67	1 year 6 months
68	1 year 3 months
69+	1 year

**Benefit Calculation**

**Example**

You select the amount of your LTD benefit when you enroll for coverage in the plan. The dollar amount selected must be a multiple of \$100, from a minimum of \$200 to a maximum of the lesser of \$8,000 or 66 2/3 percent of your predisability earnings. This amount is then reduced by deductible income you receive, or are eligible to receive, while LTD benefits are payable. As an example, if your monthly predisability earnings are \$4,500, you may select any dollar amount (in \$100 increments) between \$200 and \$2,700 (66 2/3 percent of predisability earnings). In the example below, assume you elected the maximum benefit amount of \$3,000, and you now receive a monthly Social Security disability benefit of \$1,200 and a monthly retirement benefit of \$900. Your monthly LTD benefit would be calculated as follows:

Insured predisability earnings	\$4,500
Maximum benefit percentage	X 66 2/3%
Maximum benefit amount	<u>\$3,000</u>
Less Social Security disability benefit	-\$1,200
Less retirement benefit	<u>-\$900</u>
<b>Amount of LTD benefit</b>	<b>\$900</b>

**Additional Features**

Please see your human resources representative for additional information about the features and benefits below.

**24 Hour Coverage**

24-hour LTD plans provide coverage for disabilities occurring on or off the job.

**Rehabilitation Plan**

If you are participating in an approved Rehabilitation Plan, The Standard may include payment of some of the expenses you incur in connection with the plan including but not limited to: training and education expenses, family (child and elder) care expenses, job related expenses and job search expenses.

**Reasonable Accommodation Expense Benefit**

If your employer makes an approved work-site modification that enables you to return to work while disabled, The Standard will reimburse your employer up to a pre-approved amount for some or all of the cost of the modification.

**Rehabilitation Incentive Benefit**

If you agree to participate in a rehabilitation plan that prepares you to return to work (plan must be approved by The Standard), you may be eligible to receive an additional benefit equal to 10 percent of your predisability earnings. When added to any other amount you receive from The Standard, your total benefit cannot exceed the maximum benefit allowed by the policy.

**Employee Assistance Program**

Includes an Employee Assistance Program and WorkLife Services to offer support, guidance and resources to help you and your household members resolve personal issues.

**Survivors Benefit**

If you die while LTD benefits are payable, and on the date you die you have been continuously disabled for at least 180 days, a survivors benefit equal to three time your unreduced LTD benefit may be payable (any survivors benefit payable will first be applied to any overpayment of your claim due to The Standard).

Maximum Benefit Period: To Age 65								
Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month					
			7/7	14/14	30/30	60/60	90/90	180/180
3,600	300	200	5.20	5.60	4.16	3.80	2.84	2.16
5,400	450	300	7.80	8.40	6.24	5.70	4.26	3.24
7,200	600	400	10.40	11.20	8.32	7.60	5.68	4.32
9,000	750	500	13.00	14.00	10.40	9.50	7.10	5.40
10,800	900	600	15.60	16.80	12.48	11.40	8.52	6.48
12,600	1,050	700	18.20	19.60	14.56	13.30	9.94	7.56
14,400	1,200	800	20.80	22.40	16.64	15.20	11.36	8.64
16,200	1,350	900	23.40	25.20	18.72	17.10	12.78	9.72
18,000	1,500	1,000	26.00	28.00	20.80	19.00	14.20	10.80
19,800	1,650	1,100	28.60	30.80	22.88	20.90	15.62	11.88
21,600	1,800	1,200	31.20	33.60	24.96	22.80	17.04	12.96
23,400	1,950	1,300	33.80	36.40	27.04	24.70	18.46	14.04
25,200	2,100	1,400	36.40	39.20	29.12	26.60	19.88	15.12
27,000	2,250	1,500	39.00	42.00	31.20	28.50	21.30	16.20
28,800	2,400	1,600	41.60	44.80	33.28	30.40	22.72	17.28
30,600	2,550	1,700	44.20	47.60	35.36	32.30	24.14	18.36
32,400	2,700	1,800	46.80	50.40	37.44	34.20	25.56	19.44
34,200	2,850	1,900	49.40	53.20	39.52	36.10	26.98	20.52
36,000	3,000	2,000	52.00	56.00	41.60	38.00	28.40	21.60
37,800	3,150	2,100	54.60	58.80	43.68	39.90	29.82	22.68
39,600	3,300	2,200	57.20	61.60	45.76	41.80	31.24	23.76
41,400	3,450	2,300	59.80	64.40	47.84	43.70	32.66	24.84
43,200	3,600	2,400	62.40	67.20	49.92	45.60	34.08	25.92
45,000	3,750	2,500	65.00	70.00	52.00	47.50	35.50	27.00
46,800	3,900	2,600	67.60	72.80	54.08	49.40	36.92	28.08
48,600	4,050	2,700	70.20	75.60	56.16	51.30	38.34	29.16
50,400	4,200	2,800	72.80	78.40	58.24	53.20	39.76	30.24
52,200	4,350	2,900	75.40	81.20	60.32	55.10	41.18	31.32
54,000	4,500	3,000	78.00	84.00	62.40	57.00	42.60	32.40
55,800	4,650	3,100	80.60	86.80	64.48	58.90	44.02	33.48
57,600	4,800	3,200	83.20	89.60	66.56	60.80	45.44	34.56
59,400	4,950	3,300	85.80	92.40	68.64	62.70	46.86	35.64
61,200	5,100	3,400	88.40	95.20	70.72	64.60	48.28	36.72
63,000	5,250	3,500	91.00	98.00	72.80	66.50	49.70	37.80
64,800	5,400	3,600	93.60	100.80	74.88	68.40	51.12	38.88
66,600	5,550	3,700	96.20	103.60	76.96	70.30	52.54	39.96
68,400	5,700	3,800	98.80	106.40	79.04	72.20	53.96	41.04
70,200	5,850	3,900	101.40	109.20	81.12	74.10	55.38	42.12
72,000	6,000	4,000	104.00	112.00	83.20	76.00	56.80	43.20
73,800	6,150	4,100	106.60	114.80	85.28	77.90	58.22	44.28

Maximum Benefit Period: To Age 65								
Annual Earnings	Monthly Earnings	Monthly Disability Benefit	Accident/Sickness Benefit Waiting Period Cost per Month					
			0/7	14/14	30/30	60/60	90/90	180/180
75,600	6,300	4,200	109.20	117.60	87.36	79.80	59.64	45.36
77,400	6,450	4,300	111.80	120.40	89.44	81.70	61.06	46.44
79,200	6,600	4,400	114.40	123.20	91.52	83.60	62.48	47.52
81,000	6,750	4,500	117.00	126.00	93.60	85.50	63.90	48.60
82,800	6,900	4,600	119.60	128.80	95.68	87.40	65.32	49.68
84,600	7,050	4,700	122.20	131.60	97.76	89.30	66.74	50.76
86,400	7,200	4,800	124.80	134.40	99.84	91.20	68.16	51.84
88,200	7,350	4,900	127.40	137.20	101.92	93.10	69.58	52.92
90,000	7,500	5,000	130.00	140.00	104.00	95.00	71.00	54.00
91,800	7,650	5,100	132.60	142.80	106.08	96.90	72.42	55.08
93,600	7,800	5,200	135.20	145.60	108.16	98.80	73.84	56.16
95,400	7,950	5,300	137.80	148.40	110.24	100.70	75.26	57.24
97,200	8,100	5,400	140.40	151.20	112.32	102.60	76.68	58.32
99,000	8,250	5,500	143.00	154.00	114.40	104.50	78.10	59.40
100,800	8,400	5,600	145.60	156.80	116.48	106.40	79.52	60.48
102,600	8,550	5,700	148.20	159.60	118.56	108.30	80.94	61.56
104,400	8,700	5,800	150.80	162.40	120.64	110.20	82.36	62.64
106,200	8,850	5,900	153.40	165.20	122.72	112.10	83.78	63.72
108,000	9,000	6,000	156.00	168.00	124.80	114.00	85.20	64.80
109,800	9,150	6,100	158.60	170.80	126.88	115.90	86.62	65.88
111,600	9,300	6,200	161.20	173.60	128.96	117.80	88.04	66.96
113,400	9,450	6,300	163.80	176.40	131.04	119.70	89.46	68.04
115,200	9,600	6,400	166.40	179.20	133.12	121.60	90.88	69.12
117,000	9,750	6,500	169.00	182.00	135.20	123.50	92.30	70.20
118,800	9,900	6,600	171.60	184.80	137.28	125.40	93.72	71.28
120,600	10,050	6,700	174.20	187.60	139.36	127.30	95.14	72.36
122,400	10,200	6,800	176.80	190.40	141.44	129.20	96.56	73.44
124,200	10,350	6,900	179.40	193.20	143.52	131.10	97.98	74.52
126,000	10,500	7,000	182.00	196.00	145.60	133.00	99.40	75.60
127,800	10,650	7,100	184.60	198.80	147.68	134.90	100.82	76.68
129,600	10,800	7,200	187.20	201.60	149.76	136.80	102.24	77.76
131,400	10,950	7,300	189.80	204.40	151.84	138.70	103.66	78.84
133,200	11,100	7,400	192.40	207.20	153.92	140.60	105.08	79.92
135,000	11,250	7,500	195.00	210.00	156.00	142.50	106.50	81.00
136,800	11,400	7,600	197.60	212.80	158.08	144.40	107.92	82.08
138,600	11,550	7,700	200.20	215.60	160.16	146.30	109.34	83.16
140,400	11,700	7,800	202.80	218.40	162.24	148.20	110.76	84.24
142,200	11,850	7,900	205.40	221.20	164.32	150.10	112.18	85.32
144,000	12,000	8,000	208.00	224.00	166.40	152.00	113.60	86.40

# Cancer Insurance

## Plan Options



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

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

It is likely that your major medical coverage will not cover all 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 Insurance		
Monthly Premium	Plan 2	Plan 4
Employee	\$15.80	\$31.62
Employee + Family	\$26.86	\$53.80



## Group Cancer Insurance

## Focus on the fight.

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

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

### Did You Know?

New cancer cases in America are diagnosed at the rate of about 5,255 per day.

*American Cancer Society: Cancer Facts and Figures 2022, P4*

## Plan Benefit Highlights

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

## Benefits designed to help cover costs.

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

### Examples:



#### Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for quick processing.



#### Travel Expenses

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

# Plan Benefit Highlights

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

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

Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to the following pages for more complete descriptions and limits to this plan.

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

The premium and benefit amounts vary depending upon the plan selected.

# Critical Illness Insurance

Aetna | [www.aetna.com](http://www.aetna.com) | 800-607-3366

## Prepare For the Unexpected

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

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

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





# By your side

## Aetna<sup>®</sup> Critical Illness Plan

### Be prepared for what happens next

Critical illness coverage can keep you focused on your health when it matters most. This is extra coverage to help ease financial worries during a stressful time.

### What is the Aetna Critical Illness Plan?

The Aetna Critical Illness Plan pays benefits when a doctor diagnoses you with a covered serious illness or condition. For instance, a heart attack, stroke, cancer and more.\* You can use the benefits to help pay out-of-pocket medical costs. Or you can use the benefits for everyday expenses.

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

Medical plans help pay providers for services and treatment. But those plans usually don't cover all of the medical costs or unexpected out-of-pocket expenses that can come with a serious illness.

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

### How can you use the cash benefits?

It's completely up to you. You can put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way **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 illness. We will pay benefits directly to you by check or direct deposit.

Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96844.

\*Refer to your plan documents to see all covered illnesses under the plan.





## Did you know?

More than **1 in 3** Americans have heart disease, making it the most expensive health condition in the U.S. at a combined \$555 billion<sup>1</sup>.

## Less stress



Dan\* knows that heart disease runs in his family. And when a heart attack struck, he was thankful he had the Aetna® Critical Illness plan.

He filed his claim online and since he had signed up for direct deposit, his benefits went directly into his bank account. He was able to use the money to help pay his out-of-pocket medical costs and other bills, like his son's day care tuition.

## An Aetna Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at [Myaetnasupplemental.com](https://myaetnasupplemental.com) to view plan documents, submit and track claims, access discounts, and sign up for direct deposit. You can also access the portal from [Aetna.com](https://aetna.com).

Filing a claim is easy! Click "Report New Claim" and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM. to 6 PM.



<sup>1</sup>WebMD. Top 11 Medical Expenses. November, 2021. Available at: <https://www.webmd.com/healthy-aging/ss/slideshow-top-11-medical-expenses>. Accessed June 3, 2023.

\* For illustrative purposes only; does not reflect events experienced by an actual participant.



# Benefit Summary



## Aetna Critical Illness Plan

Flour Bluff Independent School District

6500856

### The critical illness plan helps financially



- You'll get guaranteed enrollment, with no Evidence of Insurability.
- You can pay premiums easily through payroll deduction.
- If you're no longer eligible for coverage, you can take your plans with you by paying premiums directly to Aetna.

Financial support in your time of need.

Have questions about the plan? Call us toll-free at **1-800-800-8121 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM. We're here to answer questions before and after you enroll. In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

**This is a summary of your benefits. See the plan documents for a complete description of the benefits, exclusions, limitations, and conditions of coverage.**

**Note: The Aetna Critical Illness Plan pays benefits for the diagnosis of a covered illness, condition, or treatment. The plan doesn't pay benefits for diagnoses that occur before your plan's effective date. If you or a covered dependent are diagnosed with two or more critical illnesses on the same day, we will pay the diagnosis with the highest benefit amount.**



# Critical illness plan



## Face amount

Coverage by member	Percentage	Low	High
Your — face amount	100%	\$10,000	\$20,000
Spouse — percent of employee face amount or benefit amount	50%	\$5,000	\$10,000
Child(ren) — percent of employee face amount or benefit amount	50%	\$5,000	\$10,000

**Note:** The face amount is the maximum benefit a plan pays for a covered diagnosis for a member. Your benefits are based on a percentage of the face amount, or a specific dollar amount, as shown. Your dependents' benefits are based on a percentage of your benefits. See the plan documents for complete details, including limitations and exclusions that apply.

## Critical illness benefits — autoimmune

Covered benefit	Percentage of face amount
Addison's disease ( <i>adrenal hypofunction</i> )	100%
Lupus	100%
Multiple sclerosis	100%
Myasthenia gravis	100%
Muscular dystrophy	100%

## Critical illness benefits — childhood conditions

Covered benefit	Percentage of face amount
Cerebral palsy	100%
Cleft lip or cleft palate	100%
Congenital heart defect	100%
Cystic fibrosis	100%
Down syndrome	100%
Sickle cell anemia	100%
Spina bifida	100%

**Note:** All childhood conditions must be diagnosed after live birth and before the age of 6.

## Critical illness benefits — chronic condition

Covered benefit	Percentage of face amount
Diabetes — Type I	100%
Primary sclerosing cholangitis ( <i>PSC</i> )	25%
Systemic sclerosis ( <i>scleroderma</i> )	25%

**Note:** Diabetes benefits are subject to a 1 benefit per lifetime maximum.

# Critical illness plan



## Critical illness benefits — infectious disease

Covered benefit	Percentage of face amount
Cholera	25%
Coronavirus	25%
Creutzfeldt-Jakob disease	25%
Diphtheria	25%
Ebola	25%
Encephalitis	25%
Hepatitis — occupational	100%
Human immunodeficiency virus (HIV) - occupational	25%
Legionnaire's disease	25%
Lyme disease	25%
Malaria	25%
Meningitis — amebic, bacterial, fungal, parasitic, viral	25%
Methicillin-resistant staphylococcus aureus ( <i>MRSA</i> )	25%
Necrotizing fasciitis	25%
Osteomyelitis	25%
Pneumonia	25%
Poliomyelitis	25%
Rabies	25%
Rocky mountain spotted fever ( <i>RMSF</i> )	25%
Septic shock and Severe sepsis	25%
Tetanus	25%
Tuberculosis ( <i>TB</i> )	25%
Tularemia	25%
Typhoid Fever	25%
Variant influenza virus ( <i>swine flu in humans</i> )	25%

**Note:** Infectious disease benefits are available 1 per disease, per year, per person.

**Note:** Coronavirus, Creutzfeldt-Jakob disease, Ebola, pneumonia, septic shock and severe sepsis, and variant influenza virus (swine flu in humans) benefits require a hospital stay of **at least 5 days** to be eligible for benefits.

# Critical illness plan



## Critical illness benefits — neurological (*brain*)

Covered benefit	Percentage of face amount
Advanced dementia	25%
Amyotrophic lateral sclerosis ( <i>ALS</i> )	100%
Alzheimer's disease	100%
Benign brain or spinal cord tumor	100%
Coma ( <i>non-induced</i> )	100%
Huntington's disease	100%
Parkinson's disease	100%
Persistent vegetative state ( <i>PVS</i> )	100%
Ruptured aneurysm	50%
Stroke	100%
Transient ischemic attack ( <i>TIA</i> )	25%

**Note:** Maximum 1 TIA diagnosis per lifetime.

## Critical illness benefits — other

Covered benefit	Percentage of face amount
Acute respiratory distress syndrome ( <i>ARDS</i> )	100%
Aplastic anemia	25%
Bone marrow transplant (Include autologous)	100%
End-stage renal or kidney failure	100%
Hemophilia	100%
Idiopathic pulmonary fibrosis	100%
Loss of hearing	100%
Loss of sight ( <i>blindness</i> )	100%
Loss of speech	100%
Major organ failure ( <i>heart, liver, lung(s), or pancreas</i> )	100%
Paralysis — quadriplegia	100%
Paralysis — triplegia	100%
Paralysis — paraplegia	100%
Paralysis — hemiplegia	100%
Paralysis — diplegia	100%
Paralysis — monoplegia	100%
Sarcoidosis	25%
Burns ( <i>third degree</i> )	100%

**Note:** Maximum 1 bone marrow transplant per lifetime.

**Note:** Sarcoidosis requires a hospital stay of at least 5 days to be eligible for benefits.

# Critical illness plan



## Critical illness benefits — vascular (*heart*)

Covered benefit	Percentage of face amount
Coronary artery condition requiring bypass surgery	50%
Heart attack ( <i>myocardial infarction</i> )	100%
Heart arrhythmia	25%
Sudden cardiac arrest	50%

**Note:** Maximum 1 sudden cardiac arrest diagnosis per lifetime.

## Critical illness plan features

Covered benefit	Percentage of face amount
Subsequent ( <i>other</i> ) critical illness diagnosis	100%
Recurrence ( <i>same</i> ) critical illness diagnosis	100%

**Note:** Recurrence (*same*) illness diagnoses must occur at least 90 days after initial diagnosis.

## Additional plan benefits

Covered benefit	Benefit amount
Waiver of premium	Included

# Critical illness plan



## Additional plan benefits

Covered benefit	Benefit amount
<b>Health screening benefit</b> (pays once per member per plan year for covered preventive tests.)	\$50

## Covered health screenings

- Bone marrow screening
- Bone mass density measurement (DEXA, DXA)
- Biopsies for cancer
- Blood chemistry panel
- Breast sonogram
- Breast MRI
- Breast ultrasound
- Cancer antigen 125 blood test for ovarian cancer (CA 125)
- Carotid doppler ultrasound
- Chest x-ray (CXR)
- Cytologic screening
- Cancer antigen 15-3 blood test for breast cancer (CA 15-3)
- Carcinoembryonic antigen blood test for colon cancer (CEA)
- Clinical testicular exam
- Colonoscopy
- Complete blood count (CBC)
- Dental exam
- Digital rectal exam (DRE)
- Doppler screening for cancer
- Doppler screenings for peripheral vascular disease (also known as arteriosclerosis)
- Electroencephalogram (EEG)
- Electrocardiogram (EKG, ECG)
- Echocardiogram (ECHO)
- Endoscopy
- Eye exam
- Fasting blood glucose test
- Fasting plasma glucose test
- Flexible sigmoidoscopy
- Hearing test
- Hemocult stool analysis
- Hemoglobin A1C
- Human papillomavirus vaccination (HPV)
- Infectious disease testing
- Immunizations
- Lipoprotein profile (serum plus HDL, LDL, total cholesterol, and triglycerides)
- Mammography
- Oral cancer screening
- Pap smear
- Prostate specific antigen (PSA) test
- Routine health check-up exam
- Skin cancer biopsy
- Skin cancer screening
- Skin exam
- Serum protein electrophoresis (blood test for myeloma)
- Successful completion of smoking cessation program
- Stress test on bicycle or treadmill
- Test for sexually transmitted infections (STIs)
- Thermography
- ThinPrep pap test
- Two-hour post-load plasma glucose test
- Ultrasound for cancer detection
- Ultrasound screening for abdominal aortic aneurysms
- Virtual colonoscopy

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

# Aetna Critical Illness Plan rates



Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.

Rates are based on your (the subscriber's) age and tobacco usage.

## Non-tobacco rates

### Low plan face amount: \$10,000

Age	You only	You + spouse	You + children	You + family
<25	\$2.82	\$4.93	\$2.82	\$4.93
25-29	\$3.40	\$6.01	\$3.40	\$6.01
30-34	\$4.12	\$7.34	\$4.12	\$7.34
35-39	\$5.27	\$9.43	\$5.27	\$9.43
40-44	\$6.80	\$12.00	\$6.80	\$12.00
45-49	\$7.11	\$13.45	\$7.11	\$13.45
50-54	\$8.67	\$16.01	\$8.67	\$16.01
55-59	\$9.56	\$17.88	\$9.56	\$17.88
60-64	\$11.39	\$20.73	\$11.39	\$20.73
65-69	\$13.33	\$22.29	\$13.33	\$22.29
70+	\$14.85	\$28.60	\$14.85	\$28.60

### High plan face amount: \$20,000

Age	You only	You + spouse	You + children	You + family
<25	\$5.25	\$8.86	\$5.25	\$8.86
25-29	\$6.29	\$10.77	\$6.29	\$10.77
30-34	\$7.61	\$13.18	\$7.61	\$13.18
35-39	\$9.72	\$17.03	\$9.72	\$17.03
40-44	\$12.65	\$22.02	\$12.65	\$22.02
45-49	\$13.26	\$24.93	\$13.26	\$24.93
50-54	\$16.37	\$30.05	\$16.37	\$30.05
55-59	\$18.28	\$34.04	\$18.28	\$34.04
60-64	\$22.06	\$40.01	\$22.06	\$40.01
65-69	\$26.14	\$43.52	\$26.14	\$43.52
70+	\$29.28	\$56.36	\$29.28	\$56.36





## Tobacco rates

### Low plan face amount: \$10,000

Age	You only	You + spouse	You + children	You + family
<25	\$3.70	\$6.50	\$3.70	\$6.50
25-29	\$4.59	\$8.22	\$4.59	\$8.22
30-34	\$5.52	\$10.16	\$5.52	\$10.16
35-39	\$7.24	\$13.42	\$7.24	\$13.42
40-44	\$9.79	\$17.88	\$9.79	\$17.88
45-49	\$10.42	\$20.72	\$10.42	\$20.72
50-54	\$13.53	\$25.81	\$13.53	\$25.81
55-59	\$15.06	\$29.28	\$15.06	\$29.28
60-64	\$18.59	\$34.85	\$18.59	\$34.85
65-69	\$22.48	\$37.88	\$22.48	\$37.88
70+	\$24.46	\$48.82	\$24.46	\$48.82

### High plan face amount: \$20,000

Age	You only	You + spouse	You + children	You + family
<25	\$7.01	\$11.99	\$7.01	\$11.99
25-29	\$8.68	\$15.18	\$8.68	\$15.18
30-34	\$10.41	\$18.83	\$10.41	\$18.83
35-39	\$13.66	\$25.01	\$13.66	\$25.01
40-44	\$18.65	\$33.78	\$18.65	\$33.78
45-49	\$19.87	\$39.48	\$19.87	\$39.48
50-54	\$26.11	\$49.64	\$26.11	\$49.64
55-59	\$29.27	\$56.85	\$29.27	\$56.85
60-64	\$36.46	\$68.26	\$36.46	\$68.26
65-69	\$44.43	\$74.69	\$44.43	\$74.69
70+	\$48.50	\$96.82	\$48.50	\$96.82



# Accident Insurance

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





# Cover your bases

## Aetna® Accident Plan

### Prepare for the unexpected

Would you be financially ready if you had an accidental injury? The Aetna Accident Plan can help supplement your medical coverage.

### What is the Aetna Accident Plan?

The Aetna Accident Plan pays benefits when you get treatment for an accidental injury. The plan pays for a long list of covered minor and more 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 pay **doctors and hospitals** directly for treatment related to your care. But these plans usually don't cover 100 percent of the costs until you meet deductibles and co-insurance, and you have to come up with the rest. Medical plans also don't cover other expenses health events might impact, like day care, rent and more, if you're out of work.

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

### How can you use the cash benefits?

It's completely up to you. You can put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way **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. We will pay benefits directly to you by check or direct deposit.

**Accident insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96842, AL HPOL-VOL Acc01.**



## “What ifs” are everywhere

The average cost of all non-fatal injuries per person initially treated in an emergency department was approximately **\$6,620<sup>1</sup>**. Home accidents injure **one person every four seconds** in the U.S.<sup>2</sup>



### Because you never know

Miguel\* didn't expect to get hit from behind in the middle of rush hour. But it happened. Now his back and his car need some work.

Luckily, he had the Aetna® Accident Plan. He filed his claim online and, since he had signed up for direct deposit, his benefits were deposited directly into his bank account. He used some of the money to pay out-of-pocket medical costs. The rest went toward getting his car back into shape.

### An Aetna Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at **Myaetnasupplemental.com** to view plan documents, submit and track claims, and sign up for direct deposit. You can also access the portal from **Aetna.com**.

Filing a claim is easy! Click “Report New Claim” and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM to 6 PM.



<sup>1</sup>Average medical cost of fatal and non-fatal injuries by type in the USA. National Library of Medicine. February 27, 2021. Available at: <https://pubmed.ncbi.nlm.nih.gov/31888976/>. Accessed June 17, 2022.

<sup>2</sup>About Home Safety. U.S. Department of Housing and Urban Development. 2022. Available at: [https://www.hud.gov/program\\_offices/healthy\\_homes/healthyhomes/homesafety](https://www.hud.gov/program_offices/healthy_homes/healthyhomes/homesafety). Accessed June 17, 2022.

\* For illustrative purposes only; does not reflect events experienced by an actual participant.



# Benefit Summary

## Aetna On/Off-Job Accident Plan



Flour Bluff Independent School District

6500856

### The accident plan helps financially



- Your enrollment is guaranteed, with no Evidence of Insurability.
- You can pay premiums easily through payroll deduction.
- If you're no longer eligible for coverage, you can take your plans with you by paying premiums directly to Aetna.

Be ready for when real life happens.

Have questions about the plan? Call us toll-free at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM to 6 PM. We're here to answer questions before and after you enroll. In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

**This is a summary of your benefits. Limits apply to the number of times a benefit is paid, as specified in your Certificate of Coverage. If a service or injury falls in more than one category, the plan will pay only one benefit, and the highest benefit that applies. See the plan documents for a complete description of the benefits, maximums, exclusions, limitations, and conditions of coverage. This policy is not in lieu of and does not affect any requirements for coverage by any Workers' Compensation Act or similar law.**

**Note: The Aetna Accident Plan pays benefits for specific care, treatment and services related to a covered accident. The plan doesn't pay benefits for care, treatment or services related to an accident that occurs before the plan's coverage effective date.**



# Accident plan



## Initial care

Covered Benefit	Low	High
Ground ambulance	\$300	\$450
Air ambulance	\$1,500	\$2,000
<i>Max trips per accident, air and ground combined</i>	1	1
Emergency room/Hospital	\$175	\$225
Physician's office/Urgent care facility	\$175	\$225
Walk-in clinic/Telemedicine	\$50	\$50
<i>Max visits for all places of service per accident</i>	1	1
<i>Max visits for all places of service per plan year</i>	3	3
X-ray	\$75	\$100
Lab	\$75	\$100
Medical Imaging	\$200	\$225

## Follow-up care

Covered benefit	Low	High
Emergency room/Hospital	\$75	\$100
Physician's office/Urgent care facility	\$75	\$100
Walk-in clinic/Telemedicine	\$25	\$25
<i>Max visits for all places of service per accident</i>	4	4
<i>Max visits for all places of service per plan year</i>	12	12
Major appliances	\$750	\$1,000
Minor appliances	\$150	\$150
<i>Maximum appliances per accident, major &amp; minor combined</i>	1	1
Chiropractic treatment/Alternative therapy	\$35	\$35
<i>Max combined visits per accident</i>	10	10
<i>Max combined visits per plan year</i>	30	30
Pain management ( <i>epidural anesthesia</i> )	\$150	\$150
Prescription drugs	\$10	\$10
One prosthetic device/Artificial limb	\$1,500	\$1,500
Multiple prosthetic devices/Artificial limbs	\$3,000	\$3,000
<i>Max prosthetic benefits per accident</i>	1	1
Repair or replace ( <i>percentage of Prosthetic device/Artificial limb benefit amount</i> )	25%	25%
<i>Max repair or replace per plan year</i>	1	1
Therapy services	\$35	\$35
<i>Max therapy services per accident</i>	10	10
<i>Max therapy visit per plan year</i>	30	30

**Note:** Major appliances include: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair.

**Note:** Minor appliances include: Brace, cane, crutches, walker, walking boot, other medical devices to aid in physical movement.

# Accident plan



## Hospital care

Hospital and all other stays related to a covered accident.

Covered benefit	Low	High
Non-ICU hospital admission ( <i>initial day</i> )	\$1,250	\$1,500
ICU hospital admission ( <i>initial day</i> )	\$2,500	\$3,000
Non-ICU hospital stay — daily	\$250	\$300
Step down intensive care unit hospital stay— daily	\$450	\$450
ICU hospital stay — daily	\$500	\$600
<i>Max days per accident (combined for all stays due to the same accident)</i>	365	365
Rehabilitation unit stay — daily	\$165	\$175
<i>Max days for rehabilitation stay per accident</i>	30	30
Observation unit ( <i>one day per plan year</i> )	\$100	\$100

**Note:** Hospital daily stay begins on day 2, and all daily stays (except rehabilitation) add up to a maximum combined 365 days per person, per accident.

## Surgical care

Covered benefit	Low	High
Blood/Plasma/Platelets	\$500	\$500
Eye injury — surgical repair	\$400	\$450
Eye injury — removal of foreign object	\$300	\$350
Surgery ( <i>without repair</i> ) — arthroscopic or exploratory	\$200	\$200
Cranial, open abdominal & thoracic ( <i>surgery with repair</i> )	\$2,000	\$2,000
Hernia ( <i>surgery with repair</i> )	\$300	\$300
Ruptured disc ( <i>surgery with repair</i> )	\$1,000	\$1,000
Tendon/Ligament/Rotator cuff — single repair ( <i>surgery with repair</i> )	\$1,000	\$1,000
Tendon/Ligament/Rotator cuff — multiple repairs ( <i>surgery with repair</i> )	\$2,000	\$2,000
Torn knee cartilage ( <i>surgery with repair</i> )	\$1,000	\$1,000
Inpatient surgery ( <i>non-specified with repair</i> )	\$300	\$300
Outpatient surgery ( <i>non-specified with repair</i> )	\$300	\$300
<i>Max benefits per accident, combined for all surgery (with and without repair)</i>	2	2

**Note:** Surgical benefits must be related to a covered accident.

## Lodging/Transportation

Covered benefit	Low	High
Lodging	\$200	\$200
<i>Max days per accident</i>	30	30
Transportation	\$350	\$350
<i>Max trips per accident</i>	1	1

**Note:** Lodging and transportation must be related to a covered accident, and member, or companion must travel over 50 miles from home for care.

# Accident plan



## Dislocations- closed reduction (*non-surgical*)

Covered benefit	Low	High
Hip	\$6,000	\$7,500
Knee	\$3,000	\$5,000
Ankle — bone or bones of the foot other than toes	\$1,500	\$2,500
Collarbone — sternoclavicular	\$1,200	\$1,250
Lower jaw	\$1,200	\$1,250
Shoulder — glenohumeral	\$1,200	\$1,250
Elbow	\$1,200	\$1,250
Wrist	\$1,200	\$1,250
Bone or bones of the hand other than fingers	\$1,200	\$1,250
Collarbone — acromioclavicular and separation	\$300	\$375
Rib	\$300	\$375
One toe or one finger	\$300	\$375
Partial dislocation ( <i>percentage of named dislocation</i> )	25%	25%
<i>Max dislocations per accident</i>	3	3

**Note:** Closed reduction means the injury doesn't need surgical repair. Open reduction (when injury needs surgical repair) **pays 2 times** the closed reduction benefit amount.

## Fractures- closed reduction (*non-surgical*)

Covered benefit	Low	High
Skull except bones of the face or nose, depressed	\$8,000	\$9,000
Skull except bones of the face or nose, non-depressed	\$8,000	\$9,000
Hip or thigh ( <i>femur</i> )	\$3,000	\$7,500
Vertebrae — excluding vertebral processes	\$2,000	\$3,000
Pelvis — including ilium, ischium, pubis, acetabulum except coccyx	\$2,000	\$3,000
Leg — tibia and/or fibula malleolus	\$2,000	\$3,000
Bones of the face or nose except mandible or maxilla	\$1,200	\$1,250
Upper Jaw, maxilla ( <i>except alveolar process</i> )	\$1,200	\$1,250
Upper arm between elbow and shoulder ( <i>humerus</i> )	\$1,200	\$1,250
Lower jaw, mandible ( <i>except alveolar process</i> )	\$1,200	\$1,250
Collarbone ( <i>clavicle, sternum</i> )	\$1,200	\$1,250
Shoulder blade ( <i>scapula</i> )	\$1,200	\$1,250
Vertebral process	\$1,200	\$1,250
Forearm ( <i>radius and/or ulna</i> )	\$900	\$1,250
Kneecap ( <i>patella</i> )	\$900	\$1,250
Hand/foot ( <i>except fingers, toes</i> )	\$900	\$1,250
Ankle/wrist	\$900	\$1,250
Rib	\$450	\$375
Coccyx	\$450	\$375
Finger, toe	\$450	\$375
Chip fracture	25%	25%
<i>Max fractures per accident</i>	3	3

**Note:** Closed reduction means the injury doesn't need surgical repair. Open reduction (when injury needs surgical repair) **pays 2 times** the closed reduction benefit amount.



# Accident plan



## Accidental death

Covered benefit	Low	High
Employee	\$100,000	\$100,000
Covered dependent spouse	\$50,000	\$50,000
Covered dependent children	\$50,000	\$50,000

## Accidental death common carrier

Covered benefit	Low	High
Employee	\$200,000	\$200,000
Covered dependent spouse	\$100,000	\$100,000
Covered dependent children	\$100,000	\$100,000

**Note:** Accidental death common carrier benefit pays when you or a covered dependent have an accidental injury as a fare paying passenger on a public airline, railroad, bus line, taxicab, etc. that results in death.

## Accidental dismemberment

Covered benefit	Low	High
Loss of arm	\$10,000	\$10,000
Loss of hand	\$10,000	\$10,000
Loss of leg	\$10,000	\$10,000
Loss of foot	\$10,000	\$10,000
Loss of sight	\$10,000	\$10,000
Loss of ability to speak	\$20,000	\$20,000
Loss of hearing	\$10,000	\$10,000
<i>Max dismemberments per accident (non-finger, toe)</i>	2	2
Loss of finger	\$1,000	\$1,000
Loss of toe	\$1,000	\$1,000
<i>Max dismemberments per accident (finger, toe)</i>	4	4

## Paralysis (complete, total & permanent loss)

Covered benefit	Low	High
Quadriplegia	\$20,000	\$20,000
Triplegia	\$15,000	\$15,000
Paraplegia	\$10,000	\$10,000
Hemiplegia	\$10,000	\$10,000
Diplegia	\$10,000	\$10,000
Monoplegia	\$5,000	\$5,000

# Accident plan



## Other benefits

Covered benefit	Low	High
Home and vehicle alteration	\$1,500	\$1,500
Animal bite treatment — tetanus shot	\$100	\$100
Animal bite treatment — anti-venom shot	\$200	\$200
Animal bite treatment — rabies shot	\$300	\$300
Brain injury — concussion/mild traumatic brain injury	\$250	\$300
Brain injury — moderate/severe traumatic brain injury	\$600	\$750
Burn — second degree burn ( <i>greater than 5% of total body surface</i> )	\$1,500	\$1,500
Burn — third degree burn ( <i>less than 5% of total body surface</i> )	\$2,250	\$2,250
Burn — third degree burn ( <i>between 5% and 10% of total body surface</i> )	\$9,000	\$9,000
Burn — third degree burn ( <i>greater than 10% of total body surface</i> )	\$27,000	\$27,000
Burn skin graft ( <i>percentage of the named burn benefit</i> )	50% of Burn	50% of Burn
Coma ( <i>non-induced</i> )	\$20,000	\$20,000
Persistent vegetative state ( <i>PVS</i> )	\$20,000	\$20,000
Coma ( <i>induced</i> )	\$250	\$250
Dental extractions	\$100	\$100
Dental crown	\$300	\$300
Gunshot wound	\$2,000	\$2,000
Laceration without stitches	\$50	\$50
Laceration with stitches ( <i>less than 7.5cm</i> )	\$75	\$75
Laceration with stitches ( <i>between 7.6cm and 20cm</i> )	\$300	\$300
Laceration with stitches ( <i>greater than 20cm</i> )	\$600	\$600
Posttraumatic stress disorder ( <i>PTSD</i> )	\$500	\$500
Service dog	\$1,500	\$1,500
Waiver of premium	Included	Included

**Note:** Max 10 days per accident for coma/PVS benefits.

**Note:** Posttraumatic stress disorder benefit is limited to 1 per person, per lifetime.

**Note:** Service dog benefit is limited to 1 dog, per lifetime.

## Other benefits

### Organized sports benefit

The **organized sports benefit** pays an additional **25** percent of benefits if a covered member is injured while participating as a registered member of an organized sporting activity.

**Note:** Organized sport benefit excludes the following benefits:

- Accidental death
- Accidental death common carrier
- Gunshot wound
- Service dog
- Burn skin graft
- Animal bite
- Burn

# Aetna Accident Plan rates



*Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.*

Coverage	You only	You + spouse	You + child(ren)	You + family
Low plan	\$7.44	\$14.70	\$17.80	\$21.25

Coverage	You only	You + spouse	You + child(ren)	You + family
High plan	\$9.51	\$18.98	\$20.25	\$29.51



# Hospital Indemnity Insurance

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





# Less stress

## Aetna<sup>®</sup> Hospital Indemnity Plan

### Be prepared for what lies ahead

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

### What is the Aetna Hospital Indemnity Plan?

The plan pays benefits when you have a planned, or an unplanned hospital stay. It can be for an illness, injury, surgery or to deliver a baby. The Aetna Hospital Indemnity Plan pays a lump-sum benefit for admission and daily benefits for a covered hospital stay. You can use these benefits to help pay your part of medical costs or for ongoing bills.

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

Medical plans help pay **doctors and hospitals** for services and treatment. But they don't cover everything, including unexpected costs that might result from a hospital stay.

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

### How can you use the cash benefits?

It's completely up to you. You can put the money towards:

- Deductibles or co-pays
- Mortgage or rent
- Groceries or utility bills

And so much more! Use the benefits any way **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 hospital stay. We will pay benefits directly to you by check or direct deposit.

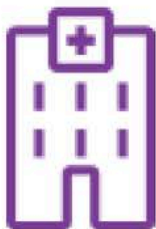
Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96172, AL VOL HPOL-Hosp 01



## Because it happens

\$1.24 trillion was spent on hospital services in 2020. 60%-65% of all bankruptcies are related to medical expenses<sup>1</sup>.

### Ready ... or not



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

Good thing he had the Aetna® Hospital Indemnity Plan. He filed his claim online and, since he had signed up for direct deposit, his benefits went directly into his bank account.

He used the cash to help make up for the earnings he lost from the time he missed work while recovering and to help pay some of his deductible. Now, he can focus more on his health.

## An Aetna Simplified Claims Experience™

Just register on the **My Aetna Supplemental** app or the member portal at [Myaetnasupplemental.com](https://myaetnasupplemental.com) to view plan documents, submit and track claims, access discounts and sign up for direct deposit. You can also access the portal from [Aetna.com](https://aetna.com).

Filing a claim is easy! Click “Report New Claim” and answer a few quick questions. You can also print and mail a paper claim form to Aetna Voluntary Plans. If you have any questions, call member services at **1-800-800-8121 (TTY:711)**, Monday through Friday, 8 AM to 6 PM.



<sup>1</sup>Debt.org. Hospital and Surgery Costs. October 2021. Available at: <https://www.debt.org/medical/hospital-surgery-costs/>. Accessed June 3, 2022.

\* For illustrative purposes only; does not reflect events experienced by an actual participant.



# Hospital indemnity plan



A **stay** is a period during which you are inpatient and confined in a hospital, or other covered facility, and are charged for room, board, and general nursing services.

A stay does not include time in the hospital due to custodial or personal needs that do not require medical skills or training. A stay does not include time in the hospital in the emergency room unless this leads to a stay. A stay only covers the specific benefits listed below.

## Inpatient benefits

Covered benefit	Low	High
Hospital admission — non-ICU ( <i>initial day</i> )	\$500	\$1,000
Hospital daily stay — non-ICU	\$100	\$100
Hospital daily stay — ICU	\$200	\$200
Substance abuse daily stay	\$25	\$25
Mental disorder daily stay	\$25	\$25
Waiver of premium	Included	Included

**Note for hospital admission benefits:** No max admissions per plan year. Admissions must be separated by at least 30 days in a row.

**Note for inpatient daily stay benefits:** All inpatient stay benefits begin on day two and count toward the plan year 30-day combined max days.

## Newborn benefits

Covered benefit for newborn	Low	High
Newborn routine care	\$50	\$100

**Note for newborn routine care benefits:** Max lump sum benefit once per birth per year for delivery in a hospital. This will not pay for an outpatient birth.

## Additional benefits

Covered benefit	Low	High
Hospital admission – ICU ( <i>initial day</i> )	\$1,000	\$2,000

**Note for ICU admission benefits:** No max admissions per plan year. Admissions must be separated by at least 30 days in a row. This pays instead of, not in addition to, the benefits for non-ICU hospital admission benefits.

# Benefit Summary



## Aetna Hospital Indemnity Plan

Flour Bluff Independent School District

6500856

### The hospital indemnity plan helps financially



- Your enrollment is guaranteed, with no Evidence of Insurability.
- You can pay premiums easily through payroll deduction.
- If you're no longer eligible for coverage, you can take your plans with you by paying premiums directly to Aetna.

Make your hospital stay a bit easier.

Have questions about the plan? Call us toll-free at **1-800-800-8121 (TTY: 711)**, Monday through Friday, 8 AM to 6 PM. We're here to answer questions before and after you enroll. In case of emergency, call 911 or your local emergency hotline, or go directly to an emergency care facility.

**This is a summary of your benefits. See the plan documents for a complete description of the benefits, maximums, exclusions, limitations, and conditions of coverage.**

**Note: The Aetna Hospital Indemnity Plan pays benefits when you have a covered hospital stay and other covered services. This plan doesn't pay for any stays or other services that happen before your effective date of coverage.**

**This plan is compatible with a Health Savings Account (HSA).**





# Aetna Hospital Indemnity Plan rates



*Monthly rates are shown below. Your employer will determine your deductions based on your payroll cycle.*

Coverage	You only	You + spouse	You + child(ren)	You + family
Low plan	\$9.26	\$23.09	\$12.60	\$24.21
Coverage	You only	You + spouse	You + child(ren)	You + family
High plan	\$15.07	\$36.97	\$20.25	\$39.25



# Identity Theft Protection

Metlife | [www.metlife.com](http://www.metlife.com) | 800-638-5433

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

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

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



# Your employees do everything online, we help them do it more safely.

MetLife and Aura Identity & Fraud Protection is an award-winning, AI-powered solution that helps keep employees and their families safe from online threats and scams – all in one, easy-to-use app.

**Identity Theft Protection** - Monitors personal info, accounts, and online reputation and sends alerts if we detect threats. Automatically requests removal of information found online to help keep it out of the hands of thieves and spammers.

**Financial Fraud Protection** - Helps keep money and assets safe by monitoring credit, financial accounts, and property titles and sends alerts if suspicious changes are detected.

**Privacy & Device Protection** - Shop, bank, and connect online more securely and privately with intelligent safety tools that help protect passwords, devices, and WiFi connections from hackers.

**Family Safety** - Gives you the tools to protect loved ones — no matter who they are, how old they are, or where they live — from online predators and thieves.

**Service and Support** - 24/7/365 100% US-based customer care, White Glove Resolution Services, one MetLife account team, and much more.

### Voluntary Pricing\*

Protection Individual	Protection Family	Protection Plus Individual	Protection Plus Family
\$7.95	\$12.95	\$11.95	\$17.95

### Employer Paid Pricing\*

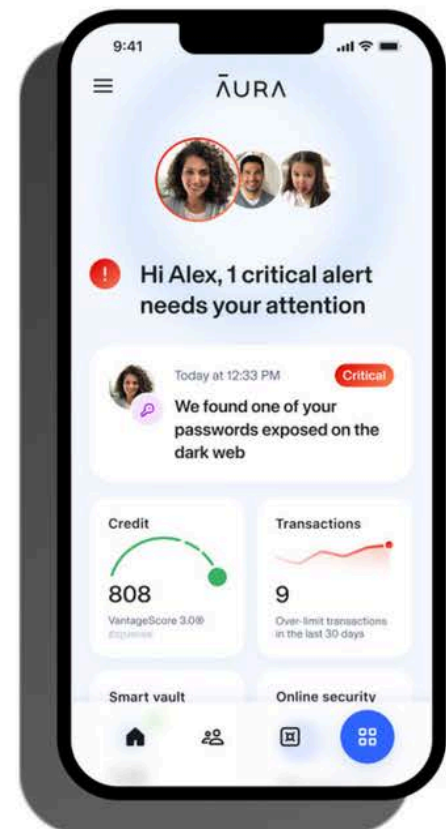
Protection Individual	Protection Family	Protection Plus Individual	Protection Plus Family
\$3.75	\$5.75	\$6.75	\$9.75

\*When an Employer Paid plan is purchased, Employees can buy-up to a higher plan with credit card payment during account activation. The EE buy-up costs are equal to the cost of Voluntary tier less the ER's contribution. For example, if an employer pays for the Individual Protection Plan, the cost for an EE to buy-up to the Family Protection Plus Plan would be equal to the Voluntary rate for Family Protection Plus plan minus ER's contribution (\$17.95 - \$3.75 = \$14.20).

Illustrative pricing in the above charts for cases with <1,000 lives, includes flat 21%-30% broker commissions and standard platform fees when needed. Quotes that require different broker arrangements or that may require additional elements to be included in quoted pricing require MetLife Underwriting review and approval. All quoted rates are inclusive of state sales taxes as applicable.

**1 in 4** Odds of falling victim of online crime<sup>1</sup>

**90%** of employees are concerned with online safety but less than 10% have a solution<sup>2</sup>



## We make it easy and affordable to offer Identity & Fraud Protection.

- The MetLife and Aura partnership is uniquely designed to offer administration simplicity with one vendor, one file, one bill
- We integrate with all key HR tech and ben admin platforms for ease of implementation
- MetLife single account team support across all products with signature high-touch service
- Dedicated employee engagement and communication experts to maximize participation
- Employer paid or voluntary tiered plan options available to meet your specific employee needs

<sup>1</sup> 30+ Identity Theft Statistics for 2022 (explodingtopics.com).

<sup>2</sup> Aura Family Protection Market Study, July 2022.

<sup>3</sup> The score you receive with Aura is provided for educational purposes to help you understand your credit. It is calculated using the information contained in your Equifax credit file. Lenders use many different credit scoring systems, and the score you receive with Aura is not the same score used by lenders to evaluate your credit.

<sup>4</sup> As a component of becoming an Aura Plan member, Consumers receive identity theft insurance through a group policy issued to Aura which is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company, which is not an affiliate or subsidiary of MetLife. Checking & Savings Cash Recovery and 401(K) & HSA Cash Recovery are part of and not in addition to the Expense Reimbursement limit of liability. The description herein is a summary and intended for informational purposes only and does not include all terms, conditions, and exclusions of the policies described. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions.

<sup>5</sup> Coming in 2024.

Aura is a product of Aura Sub, LLC. Aura Sub, LLC, is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product. Aura does not guarantee targeted features to launch in said time period and reserves the right to adjust as business needs adjust.

No one can prevent all identity theft or monitor all transactions effectively.

### Financial Fraud Protection

	Protection	Protection Plus
Credit Monitoring & Alerts	1 Bureau	3 Bureaus
Annual Credit Report	1 Bureau	3 Bureaus
Monthly Credit Score Tracker <sup>3</sup>	✓	✓
Credit, Bank & Utility Account Freeze Assistance	✓	✓
Home & Vehicle Title Monitoring	✓	✓
Financial Account Opening & Takeover Monitoring	✓	✓
AI-Powered Financial Transaction Monitoring	✓	✓
High-Risk Transaction Alerts	✓	✓
Utility Account Monitoring	✓	✓
Payday/Specialty Loan Block		✓
Experian Credit Lock		✓
Credit Score Simulator		✓

### Identity Theft Protection

	Protection	Protection Plus
Privacy Assistant & Automated Spam Reduction	✓	✓
Dark Web Monitoring	✓	✓
Digital Vault	✓	✓
SSN & Identity Authentication Alerts	✓	✓
Criminal, Court, and Public Records Monitoring	✓	✓
USPS Address Monitoring	✓	✓
Social Media Monitoring & Takeover Alerts	✓	✓
Gamertag Monitoring		✓
Social Media Privacy Checkup		✓

### Privacy and Device Protection

	Protection	Protection Plus
Password Manager & Automated Password Change	✓	✓
Email Alias	✓	✓
Safe Web Browsing	✓	✓
IP Address Monitoring	✓	✓
Wi-Fi Security/VPN	2 Devices	Unlimited Devices
Antivirus	2 Devices	Unlimited Devices
Mobile Phone Takeover Protection <sup>6</sup>	✓	✓
AI-Powered Call & Text Screening		✓

### Family Safety Family Plans Only, Unlimited # of Children Covered

	Protection	Protection Plus
Parental Controls	✓	✓
Child Cyberbullying Protection	✓	✓
3-Bureau Child Credit Freeze Wizard	✓	✓
Child SSN Monitoring & Alerts	✓	✓
Sex Offender Geo Alerts	✓	✓
Family Sharing - Documents, Passwords, Alerts	✓	✓
Safe Gaming <sup>5</sup>	✓	✓

### Services and Support

	Protection	Protection Plus
\$5M Insurance Policy per Enrolled Adult <sup>4</sup>	✓	✓
Lost Wallet Protection with \$500 Emergency Cash	✓	✓
24/7/365 US-based Customer Care	✓	✓
White Glove Fraud Resolution Services	✓	✓
Restoration Services for Pre-Existing Fraud Events	✓	✓
Mobile App (iOS & Android)	✓	✓
Aura Account Security (2FA)	✓	✓
Online Resolution Tracker	✓	✓



Contact your benefits broker or MetLife representative today.

Scan to learn more or visit  
[www.metlife.com/identity-and-fraud-protection](http://www.metlife.com/identity-and-fraud-protection)

# 403(b) Retirement Plans

TCG Services | [www.tcgservices.com](http://www.tcgservices.com) | 800-943-9179

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	
2023	2024
\$22,500	\$23,000

Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500.

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

# COBRA

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 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.

## COBRA 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.

First Financial Administrators, Inc. provides COBRA administration services for the following plans:  
Medical, Dental and Vision



# Medicare & Age 65



FFMS | <https://www.ffga.com/medicare-solutions> | 800-523-8422

## Questions to Consider Before Retiring

- Do I **plan** to Retire?
- Am I **eligible** to Enroll?
- **When** can I enroll?
- Do I really **want** to enroll?
- **Should** I enroll now or wait?
- What happens if I **don't** enroll when I'm eligible?

Whether or not you intend to retire yet, these questions and more may occur as you approach age 65.

Planning for your future is important, and you don't have to do it alone.

Let the experts at First Financial assist you through this process.

**Robert Dawson**  
**FFMS Coordinator**  
Cell: 281-889-9382

# Contact Information

2505 Waldron Road | Flour Bluff, TX 78418  
361-694-9000

Marissa Wenning, Account Manager  
210-380-0832 [marissa.wenning@ffga.com](mailto:marissa.wenning@ffga.com)

Product	Carrier	Website	Phone
Medical	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	(800) 607-3366
Dental	MetLife	<a href="http://www.metlife.com">www.metlife.com</a>	(800) 438-6388
Vision	Davis	<a href="http://www.davisvision.com">www.davisvision.com</a>	(877) 923-2847
Flexible Spending Accounts	FFGA FSA Department	<a href="http://ffa.wealthcareportal.com/page/home">ffa.wealthcareportal.com/page/home</a>	(866) 853-3539
Health Savings Accounts	FFGA HSA Department	<a href="http://ffa.wealthcareportal.com/page/home">ffa.wealthcareportal.com/page/home</a>	(866) 853-3539
Term Life & AD&D	The Standard	<a href="http://www.standard.com/individuals-families/workplace-benefits/life-and-add">www.standard.com/individuals-families/workplace-benefits/life-and-add</a>	(800) 628-8600
Permanent Life	Texas Life	<a href="http://www.texaslife.com">www.texaslife.com</a>	(800) 283-9233
Disability	The Standard	<a href="http://www.standard.com/individuals-families/workplace-benefits/disability">www.standard.com/individuals-families/workplace-benefits/disability</a>	(800) 368-2859
Cancer	American Fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	(800) 654-8489
Critical Illness	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	(800) 607-3366
Accident	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	(800) 607-3366
Hospital Indemnity	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	(800) 607-3366
Identity Theft Protection	MetLife	<a href="http://www.metlife.com/identity-and-fraud-protection">www.metlife.com/identity-and-fraud-protection</a>	(800) 638-5433
403(b) Retirement Plans	TCG Administrators	<a href="http://www.tcgservices.com">www.tcgservices.com</a>	(800) 943-9179



# Contact Information

2505 Waldron Road | Flour Bluff, TX 78418  
361-694-9000

Marissa Wenning, Account Manager  
210-380-0832 [marissa.wenning@ffga.com](mailto:marissa.wenning@ffga.com)

Product	Carrier	Website	Phone
COBRA	First Financial Administrators, Inc.	<a href="http://www.ffga.com">www.ffga.com</a>	(800) 523-8422, option 4
Medicare	FFMS	<a href="http://www.ffga.com/medicare-solutions">www.ffga.com/medicare-solutions</a>	(800) 523-8422