

FLOUR BLUFF ISD 2025-2026 BENEFITS GUIDE



SCAN ME



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Employee Benefits Center

A guide to your benefits!

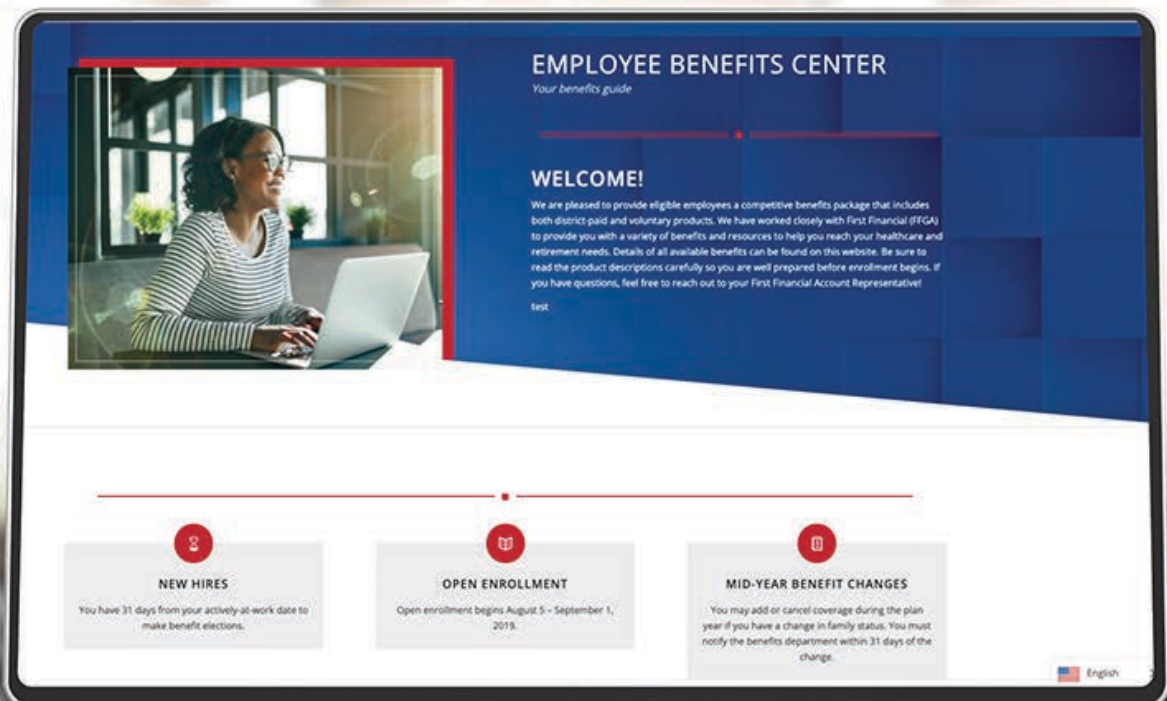
Flour Bluff ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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!

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 & PIN

- Employee ID
 - The Employee ID is either your social security number or your Employee ID.
- PIN
 - Instructions to access your initial Personal Identification Number (PIN) will be provided to you prior to open enrollment.
 - Upon initial login, the PIN will be required to be changed.
 - Remember your PIN as you will use this to sign your enrollment confirmation form and to login in the future.

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 30 days from your hire date to make benefit elections. Insurance coverage becomes effective on the first day of the month that follows your hire date.

You must enroll with an enroller for your first time. You won't be able to complete your initial enrollment online.

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 | 855-788-5789

Select 2500 EPO

- Copays for many services and prescriptions
- Participants must select a primary care provider at open enrollment
- Broad Network
- No out-of-network coverage

3750 HDHP/HSA

- Deductibles must be met before coverage pays %100
- Broad Network
- In-network and out-of-network benefits
- Compatible with health savings account (HSA)
- Eligible employees that enroll in an HDHP medical plan and an HSA account, FBISD will contribute \$125 per month towards your HSA account.

For questions regarding the plan offerings, please contact Aetna at 855-788-5789.

Medical Plan Comparison Chart



Healthier happens together®

	Select 2500 EPO Open Access Aetna Select		3750 HDHP/HSA CPOS II Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Coinsurance	20%	0%	0%	30%
Calendar Year Deductible (Individual / Family)	\$2,500/\$5,000	Not Covered	\$3,750/\$7,500	\$12,000/\$24,000
Maximum Out of Pocket Limits (Individual/Family): <i>To include copays, coinsurance any charges that apply to your deductible</i>	\$8,000/\$16,000	Not Covered	\$3,750/\$7,500	\$12,000/\$24,000
Medical Benefits				
PCP Required	Yes	N/A	No	No
Physician Office Visit	\$25 copay	Not Covered	Covered at 100% after deductible	Covered at 100% of recognized charges after deductible
Specialist Office Visit	\$50 copay	Not Covered	Covered at 100% after deductible	Covered at 100% of recognized charges after deductible
Preventive Care Services	Covered at 100%	Not Covered	Covered at 100%	Covered at 100% of recognized charges after deductible
Urgent Care (non-urgent use of Urgent Care is not covered)	\$50 copay	Not Covered	Covered at 100% after deductible	Covered at 100% of recognized charges after deductible
Redi MD	\$0 copay	N/A	Covered at 100% after deductible	N/A
Emergency Room Visit (non-emergent use of ER is not covered)	\$500 copay		Covered at 100% after deductible	Covered at 100% of recognized charges after deductible
Inpatient Hospital Services	20% after deductible	Not Covered	Covered at 100% after deductible	Covered at 100% of recognized charges after deductible
Outpatient Hospital Services	20% after deductible	Not Covered	Covered at 100% after deductible	Covered at 100% of recognized charges after deductible
Lab & X-Ray	20% after deductible	Not Covered	Covered at 100% after deductible	Covered at 100% of recognized charges after deductible
Major Diagnostics (CT, PET, MRI, MRA & Nuclear Medicine)	20% after deductible	Not Covered	Covered at 100% after deductible	Covered at 100% of recognized charges after deductible
Pharmacy Benefits				
30-day Retail				
Preferred Generic	\$10 copay	Not Covered	0% after deductible	Not Covered
Formulary (Brand)	\$25 copay	Not Covered	0% after deductible	Not Covered
Non-Formulary	\$50 copay	Not Covered	0% after deductible	Not Covered
Specialty	30% coinsurance	Not Covered	0% after deductible	Not Covered
90-day Mail Order				
Preferred Generic	\$25 copay	N/A	0% after deductible	Not Covered
Formulary (Brand)	\$62.50 copay	N/A	0% after deductible	Not Covered
Non-Formulary	\$125 copay	N/A	0% after deductible	Not Covered

Aetna Medical Premiums

Flour Bluff Independent School District Plan Year 2025-2026 Member Premiums			
Coverage Tier	Monthly	Semi-Monthly	17-Pay
EPO 2500 Plan			
Employee Only	\$255.04	\$127.52	\$180.03
Employee + Spouse	\$919.79	\$459.89	\$649.26
Employee + Children	\$753.59	\$376.80	\$531.95
Employee + Family	\$1,418.38	\$709.19	\$1,001.21
HDHP 3750 Plan			
Employee Only	\$119.89	\$59.95	\$84.63
Employee + Spouse	\$669.85	\$334.93	\$472.84
Employee + Children	\$534.90	\$267.45	\$377.57
Employee + Family	\$1,074.72	\$537.36	\$758.63





RediMD provides primary medical care online via webcam, smart phone, or by telephone. You can see and speak with a physician or other medical professional who can diagnose, recommend treatment and prescribe medications if needed.

RediMD service is available for you and any dependents enrolled in your health insurance plan 24/7/365 days a year.

1-866-989-2873/ www.REDIMD.com



Code = flourbluffisd

\$0 cost - OA Select 2500

\$50 cost until deductible is met - HDHP

REDIMD TREATS MOST PRIMARY CARE AILMENTS INCLUDING, BUT NOT LIMITED TO:

Cold
Allergies
Diabetes

Cough
Skin Issues
Sinus Infection

Flu
Blood Pressure
Stress Problems






Sore Throat
Headaches
Stomach Problems

For help, call RediMD at **866-989-CURE, option 3** or visit us at **www.RediMD.com** for more information and to register

Know your options when you need care

You have several affordable and convenient options for immediate care. Keep this chart handy to help you make a smart choice the next time you need medical care. You may save time and money. Just text **"GETAPP"** to **90156** for a link to the **Aetna HealthSM app**. You'll be able to find network providers and facilities near you. Message and data rates apply.*



Care options	Care from anywhere	In-person options for care			
	Non-emergency	Non-emergency	Non-emergency	Urgent	Emergency
	 Telemedicine (Redi MD) Gives you access to primary care providers by phone, video or mobile app. Get a diagnosis, treatment plan and prescriptions (when needed) for non-emergency medical needs.	 Primary care physician (PCP**) Your PCP is the best option for in-person, non-emergency care. To find in-network PCPs near you, log in to your member website.	 MinuteClinic[®] MinuteClinic offers convenient care 7 days a week from certified nurse practitioners and physician assistants at select CVS Pharmacy[®] and Target stores nationwide.	 Urgent care center Urgent care centers provide quick care for serious, but not life-threatening, situations. Many urgent care centers offer imaging, X-ray and lab services.	 Emergency room The emergency room (ER) is for emergencies that can permanently impair or endanger your life. Using the ER for non-life-threatening issues can be very costly and probably means a very long wait time.
When to use	<ul style="list-style-type: none"> • Allergies • Flu • Bronchitis • Sinus infection • Food poisoning • Rash • Poison ivy/oak • Sunburn • Sore throat • Headache/migraine • Eye infection and more 	<ul style="list-style-type: none"> • Physicals (wellness, screening) • Vaccinations & injections • Chronic condition management (heart disease, diabetes, arthritis, etc.) • Acute care (sinus infections and injuries) • Urgent care may be available by appointment 	<ul style="list-style-type: none"> • Minor illnesses & injuries • Screenings & monitoring • Skin conditions • Vaccinations & injections • Wellness & physicals • Women's services • Travel health Visit minuteclinic.com to confirm services available at your location	<ul style="list-style-type: none"> • Back/neck pain • Cuts that require stitches • Minor burns • Flu • Sprains • Fractures • Bronchitis • Headaches and more 	<ul style="list-style-type: none"> • Chest pain • Severe abdominal pain • Trouble breathing • Uncontrollable bleeding • Symptoms that may put your life at risk 24 hours a day
Availability	24 hours a day 7 days a week 365 days a year	Weekdays during business hours (May be open extended hours and/or Saturdays)	7 days a week (including evenings and weekends)	Many open 7 days a week with extended hours	7 days a week 365 days a year
How to access	1-866-989-2873	By appointment only	At select CVS Pharmacy and Target stores Schedule an appointment at minuteclinic.com or through the CVS Pharmacy app	Walk in	Walk in
Average wait time	On-demand within minutes also by appointment	Average wait time of 22 minutes upon arrival ²	Make an appointment at minuteclinic.com	15 - 45 minutes ³	2 - 4 hours for non-emergency care ³
Average cost to you	\$	\$ \$ • Pay your copay at appointment, if applicable. • Pay your estimated patient responsibility at time of visit, if applicable.**** • You may be billed for any balance.	\$ • No-cost or low-cost access to all covered services.*** • Pay your estimated patient responsibility at time of visit, if applicable.**** • You may be billed for any balance.	\$ \$ \$ • Pay your copay at time of visit, if applicable. • Pay your estimated patient responsibility at time of visit, if applicable.**** • You may be billed for any balance.	\$ \$ \$ \$ • Pay your copay at time of visit, if applicable. • Pay your estimated patient responsibility at time of visit, if applicable.*** • You may be billed for any balance.

¹For a General Medical Visit only. Dermatology and Mental Health services are a separate buy-up options. ²Vitals' Annual Physician Wait Time Report, "http://www.vitals.com/about/wait-time. ³Urgent Care Locations, LLC. Urgent care center vs. emergency room. Available at: www.urgentcarelocations.com/urgent-care-101/faq/urgent-care-center-vs-emergency-room. Accessed April 4, 2018. *Terms and Conditions: bit.ly/2nJFYG. Privacy Policy: aetna.com/legal-notices/privacy.html. By texting 90156, you consent to receive a one-time marketing automated text message from Aetna with a link to download the Aetna HealthSM app. Consent is not required to download the app. You can also download by going to the App Store or Google Play. **In Texas, PCP is known as physician (primary care). In the State of Washington, PCP refers to primary care provider. ***Applies only to covered services at MinuteClinic. Video Visits are not a covered service under this benefit. Members in health maintenance organization (HMO) and indemnity plans are not eligible for this benefit. Such members should refer to their benefits plan documents in order to determine coverage and applicable cost share for walk-in clinic benefits and services, as applicable. Visit MinuteClinic.com for age and service restrictions. This is not available for fully insured groups in AL, AK, AR, CA, CO, DE, GA, HI, IA, ID, MA, ME, MS, MT, ND, NM, NY, OR, SD, UT, VT, WA, WV and WY. ****Lab, tests and additional services may result in additional charges. Labs and tests cannot be purchased separately and are only performed as part of a standard visit.

Policies and plans are insured and/or administered by Aetna Life Insurance Company or its affiliates (Aetna). Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Refer to Aetna.com for more information about Aetna® plans. In Texas, PCP is known as physician (primary care). In the State of Washington, PCP refers to primary care provider. Aetna and MinuteClinic, LLC (which either operates or provides certain management support services to MinuteClinic-branded walk-in clinics) are part of the CVS Health family of companies. Apple, the Apple logo and iPhone are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc. Google Play and the Google Play logo are trademarks of Google LLC.

A photograph of a Black woman with curly hair and a young girl with curly hair, both smiling and looking down at something out of frame. The woman is wearing a light-colored, patterned sweater, and the girl is wearing a blue t-shirt with a pink headband.

CVS Specialty®



**Specialty medications
with personalized support**

CVS Specialty makes it easier to manage your medications and connects you with a care team that has expertise in your condition.

How your specialty medicine is covered

Your pharmacy plan covers some drugs, and your medical plan covers others. Depending on your plan, you may need to pay a copayment or coinsurance. And certain drugs require precertification. This just means you need approval from the plan before they'll be covered.

Talk with your provider or call us at the number on the back of your member ID card with any questions about your prescriptions or medications.



**Delivering
medication and
more to over 1.5
million members***

*Internal data based on the number of CVS Specialty patients as of July 2024.

In Idaho, health benefits and health insurance plans are offered and/or underwritten by Aetna Health of Utah Inc. and Aetna Life Insurance Company. For all other states, health benefits and health insurance plans are offered and/or underwritten by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. and/or Aetna Life Insurance Company. In Utah and Wyoming, by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance and its affiliates (Aetna). Pharmacy benefits are administered by an affiliated pharmacy benefit manager, CVS Caremark. Aetna is part of the CVS Health family of companies.

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

1150153-01-02 (7/24)

We make it simple for you

Your care team

Your team — nurses and pharmacists who are specially trained in your condition — helps you understand how to use your medicine. They'll also:

- Remind you when it's time to refill
- Help you stay on track with your treatment
- Help you manage symptoms and side effects

Convenient delivery, flexible payments

CVS Specialty provides:

- Delivery to your home, doctor's office, a CVS Pharmacy® or any place you choose, at no added cost*
- Package tracking for prompt delivery
- Flexible payment options



How to get started

You can manage your medications at **CVSSpecialty.com**.

- **Existing prescriptions?** Call **1-800-237-2767 (TTY: 711)** to transfer your prescription
- **New prescriptions?** Your doctor can:
 - E-prescribe to CVS Specialty
 - Call one of our registered pharmacists at **1-800-237-2767 (TDD: 1-800-863-5488)**, Monday through Friday, 7:30 AM to 9:00 PM ET
 - Fax the prescription to 1-800-323-2445

Need help?

Live chat is available at **CVSSpecialty.com** during hours of operation.

*Where allowed by law. Based on the availability of CVS Pharmacy locations and subject to applicable laws and regulations. Services are also available at Longs Drugs locations. Products are dispensed by CVS Specialty and certain services are only accessed by calling CVS Specialty. Certain specialty medications may not qualify. In compliance with state laws, in-store pickup is currently not available in Oklahoma. Puerto Rico requires first-fill prescriptions to be transmitted directly to the dispensing specialty pharmacy. For details, call **1-800-237-2767**. Your privacy is important to us. Our employees are trained regarding the appropriate way to handle your private health information.

Aetna®, CVS Pharmacy® and CVS Specialty® are part of the CVS Health® family of companies. Prices for specialty pharmacy services are established by Aetna affiliates and may exceed Aetna's cost for these services. Visit **Aetna.com** for more information about Aetna® plans.

Policy forms issued in Oklahoma include: HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29/GR-29N.

Policy forms issued in Idaho include: AL HCOC 02, AL HGrpPol 01, ID COC V001 2015 ACA, ID GrpAg01 2015, GR-96814 02, ID-GA-SG-AETNA Amendment 2016 01, AL ID HNO COC Amendment 2016 01, GR-9/GR-9N, GR-23 and GR-29/GR-29N.

Policy forms issued in Missouri include: AL HGrpPol 01R5, HI HGrpAg 05, HO HGrpPol 04, AL SG GrpPolAmend 2019 01, HI HGrpAg SG 01R, HI SG GrpAgAmend 2019 01.

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

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Reduce out-of-pocket costs on your specialty medications

An innovative way to help you save

CVS Caremark® has collaborated with PrudentRx exclusively for a program that may help save you money when you fill eligible specialty medications.*

How it works

A PrudentRx trained member advocate will be able to assist you through a high-touch, proactive engagement process to facilitate enrollment and help you obtain non-need based manufacturer assistance where applicable.** Participating members will have a **\$0 out-of-pocket** cost on eligible specialty medications!†

How to get started

Your enrollment in the program will begin automatically, but additional steps may be needed.†† You can choose to opt-out at any time.‡

**Not all specialty prescriptions offer manufacturer assistance. Eligibility for third-party copay assistance program is dependent on the applicable terms and conditions required by that particular program and are subject to change. Copay assistance program may not be used with any Federal health care program.

††Some manufacturers require you to sign up to obtain copay assistance that they provide for their medications – in that case, you must call PrudentRx to participate in the copay assistance for that medication. PrudentRx will also contact you if you are required to enroll in the copay assistance for any medication that you take.

‡If you choose to opt out of the program or if you do not affirmatively enroll in any copay assistance as required by a manufacturer, you will be responsible for 30 percent of the cost of your specialty medications.

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A photograph of a woman with dark curly hair and a young girl with curly hair, both smiling and looking at each other. The woman is wearing a blue and white striped shirt, and the girl is wearing a yellow shirt.

**Your time
matters**



CVS Caremark[®] Mail Service Pharmacy

Save time and skip the pharmacy line

Your medicine in your mailbox

With CVS Caremark Mail Service Pharmacy, you can get your medicine sent to your home — or anywhere you choose.

This service is for medicine you take regularly for chronic conditions, such as arthritis and high cholesterol.

You don't pay extra for this service

It's included with your pharmacy benefits and insurance plan. It's just a simple way to help you stay on track with your medicine. So you can be at your healthiest.

Mail service perks

- **Fast reorders** with no trips to the pharmacy
- **Free standard shipping** to your home, job or wherever you choose
- **Privacy**, since your medicine arrives in unmarked, secure packaging

Your safety comes first

Registered pharmacists check every order. And if you have concerns or questions, you can call them anytime.

How to get started



1. Call us or go online.

Call us at **1-888-792-3862 (TTY: 711)** or go to **Aetna.com** to log in to your member website. You can also download the Aetna HealthSM app.



2. Request mail service.

By phone or online — you can also print out an order form and send it to us.



3. Get refills your way.

It's easy to reorder online, by phone or by mail.

Need help?

Call us, 24/7, at **1-888-792-3862 (TTY: 711)**.

What will I pay?

Depending on your plan, you may pay less for medicine you get through home delivery than at a retail pharmacy. To know for sure, just check your plan details.

Know the cost of your medicine ahead of time

How? Go to **Aetna.com** to log in to your member website and go to the “Pharmacy” section or use the Aetna Health app to search costs. Get cost estimates for generic or brand name drugs — and how to get the most value from your plan.

You can also find a pharmacy near you or see detailed information on drugs, including any potential interactions or possible side effects.

Quick. Without the hassle.

Get your regular medicines through CVS Caremark Mail Service Pharmacy.

Health benefits and health insurance plans are offered, underwritten and/or administered by Aetna Health Inc., Aetna Health of California Inc., Aetna Health Insurance Company of New York, Aetna Health Insurance Company, Aetna Health Assurance Pennsylvania Inc. and/or Aetna Life Insurance Company (Aetna). In Florida, by Aetna Health Inc. In Utah and Wyoming by Aetna Health of Utah Inc. and Aetna Life Insurance Company. In Maryland, by Aetna Health Inc., 151 Farmington Avenue, Hartford, CT 06156. Each insurer has sole financial responsibility for its own products. Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company and its affiliates (Aetna). Pharmacy benefits are administered by an affiliated pharmacy benefit manager, CVS Caremark. Aetna® and CVS Caremark® Mail Service Pharmacy are part of the CVS Health® family of Companies.

Policy forms issued in Oklahoma include: HMO OK COC-5 09/07, HMO/OK GA-3 11/01, HMO OK POS RIDER 08/07, GR-23 and/or GR-29/GR-29N.

Policy forms issued in Idaho by Aetna Life Insurance Company include: GR-23, GR-29/GR-29N, GR-9/GR-9N, AL HGrpPol 03, AL SG HGrpPol 02.

Policy forms issued in Idaho by Aetna Health of Utah Inc. include: HI HGrpAg 03, HI SG HGrpAg 02.

Policy forms issued in Missouri include: AL HGrpPol 02R5, HI HGrpAG 01, HO HGrpPol 01.

Aetna.com

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Paying for care

An overview of terms

Claims

Claims are requests for your plan to pay for services you receive. We use these to check what your plan will cover and the amount we'll pay. You can find the status and amounts billed for your claim on your member website or the Aetna HealthSM app.

Explanation of Benefits (EOB) statements

An EOB shows a breakdown of how we process claims. It's not a bill and may not show the current balance you owe. And anytime something changes with your claim, you'll get a new statement.

Provider bills

Bills show the amount you actually owe for services. Your provider will give this to you. You can make payments for what you owe directly to them or through the "Pay Your Provider" link on each of your claims.

Coordination of benefits (COB)

Some members have health coverage under more than one plan. If so, we work with the other carriers to decide which plan pays first and which pays second, based on the rules in your plan documents. We call this process COB.

YOU PAY

Deductible

The deductible is the amount you pay for out-of-pocket costs for your covered health care before your plan begins to pay.

Each year, you pay 100% of your covered expenses until you meet your deductible amount. For most plans, eligible preventive care is covered at 100% with no deductible when you use network providers.

YOU + THE PLAN PAY

Cost sharing

Once you meet the deductible, you share the cost with the plan. This may be in the form of coinsurance and/or copayments (also called copays).

Coinsurance

This is a fixed percentage. For example, if your care is \$100 and your coinsurance is 20%, you pay \$20.

Copay

This is a fixed dollar amount. For example, you may pay \$25 per doctor office visit.

Out-of-pocket maximum

The maximum you pay each year for covered expenses. Once you hit your maximum, the plan pays 100% of covered expenses for the rest of the year.

In network vs. out of network

In network



This network option may **cost you less.**

Highlights

Choosing in-network providers may help save you money.

These providers contract with us to offer rates that are often lower than their regular fees. They also work directly with us and send us claims for services you receive. Don't worry — this is all behind-the-scenes work when you stay in network.

Visit [Aetna.com](https://www.aetna.com) to find a network provider.

How it works

The provider files your claim and the plan pays them the amount it owes based on the negotiated rate. You pay the remaining costs.

Benefits

- ✓ Lower out-of-pocket costs
- ✓ No balance billing
- ✓ Less paperwork

Out of network



This network option may **cost you more.**

Highlights

Your plan may allow you to visit an out-of-network provider. To find out details, check your Summary of Benefits and Coverage document.

How it works

Out-of-network doctors and hospitals don't contract with us. So that means:

- They normally charge more for their services
- You might have to pay the difference between what your plan pays for services and the amount they charge

Plus, they generally don't send us claims or get approval for coverage. So you may need to handle these details on your own.

Keep in mind



Covered

"Covered" doesn't mean free. A covered health care service is one that your plan recognizes. Your plan only pays for this service after you've met the deductible, coinsurance or copay.



Referral

A referral is like a permission slip from your primary care physician (PCP) to see a specialist or another provider. Many providers can easily send referrals electronically.



In-network providers

Network providers participate in our network and offer special, lower rates for our members. So remember that staying in network can help you save money.



Your benefits, your way

Manage your health care
at home or on the go



Stay on top of your benefits

- Review your benefits and what's covered.
- Track your spending.
- View claims on your member website.
- See your ID card online.
- Get cost info before you get care.*



Connect to care

- Find in-network providers, including virtual care.
- Locate walk-in clinics and urgent care centers near you.
- See reviews of providers.

Get started today



Visit MyAetnaWebsite.com to register for your member website.



Get the **Aetna HealthSM** app by texting "AETNA" to 90156 to receive a download link. Message and data rates may apply.**

— OR —



Scan the QR code to download the **Aetna HealthSM** app.

*Estimated costs are not available in all markets or for all services. We provide an estimate for the amount you would owe for a particular service based on your plan at that very point in time. It is not a guarantee. Actual costs may differ from an estimate for various reasons including claims processing times for other services, providers joining or leaving our network or changes to your plan. Health maintenance organization (HMO) members can only get estimated costs for doctor and outpatient facility services.

**Terms and Conditions: Aetna.com/legal-notice/terms. Privacy Policy: Aetna.com/legal-notice/privacy.html. By texting 90156, you consent to receive a one-time marketing automated text message from Aetna® with a link to download the Aetna HealthSM app. Consent is not required to download the app. You can also download by going to the Apple® App Store® or Google Play.

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Aetna.com

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3004150-02-01 (1/24)



Finding a Provider

Check to see if your **MEDICAL** provider is participating on a plan:

1. Visit aetna.com/docfind
2. Continue as a guest and enter: **"Corpus Christi, Texas"** then **"Search"**

3. Select **"Aetna Select (Open Access)"** then **"Continue"**.

4. You may now search by provider name, provide type or facility

Finding a Provider

Check to see if your **MEDICAL** provider is participating on a plan:

1. Visit aetna.com/docfind
2. Continue as a guest and enter: **"Corpus Christi, Texas"** then **"Search"**

Directory of Health Care Professionals

Already a member? [Login to Secure Site](#) [Register Now](#)

Not registered with Aetna yet? [Register Now](#)

Why Register?
You will be able to find all your coverage information online when you need it.

Searching as a member is better

You Can:

- Get results for your plan
- View cost estimates
- Select a primary care doctor

Continue as a guest

Please enter your home location (zip, city, county or state) to access providers specific to your plan benefits.

Corpus Christi, Texas

Choose a result below

Cities

Corpus Christi, Texas

0 Miles 100 Miles

[Search](#)

3. Select **"Aetna Choice POS II (Open Access)"** then **"Continue"**.

Aetna Open Access Plans

☒ Aetna Choice® POS II (Open Access) [Continue](#)

☐ Aetna Health Network Only™ (Open Access)

☐ Aetna Health Network Option™ (Open Access)

☐ Aetna Select™ (Open Access)

☐ Elect Choice® EPO (Open Access)

☐ Managed Choice® POS (Open Access)

4. You may now search by provider name, provide type or facility

Get the support you need with the 24-Hour Nurse Line.



When it comes to taking care of your health, know you're not alone. Through your Aetna* benefits, you have access to the 24-Hour Nurse Line anytime.*

A simple call can make all the difference

Have questions about an upcoming medical visit? You can talk to a registered nurse about tests, procedures and treatment options, 24 hours a day, 7 days a week. Plus, they can advise on many health and wellness topics. And the call is **free**. To find the phone number, just visit **Aetna.com** and log in to your member website.

Why call the 24-Hour Nurse Line?

You'll get valuable information that may help you avoid a trip to the doctor, urgent care or emergency room. And that can be a real time and money-saver. And you'll be able to make smarter health decisions because you'll have trusted information — right at your fingertips.

Log in to your member website at **Aetna.com** to see all the resources available to you.



Your health is important to us.

Get answers and guidance with the 24-Hour Nurse Line by calling **1-800-556-1555 (TTY: 711)**.

* While only your doctor can diagnose, prescribe or give medical advice, the 24-Hour Nurse Line nurses can provide information on a variety of health topics. Contact your doctor first with any questions about your health care needs.

Health insurance plans are offered, underwritten or administered by Aetna Life Insurance Company and its affiliates (Aetna).

This material is for informational purposes only. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. For more information about Aetna* plans, refer to **Aetna.com**.

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3177245-02-01 (9/24)

Take control of
your mental health,
on your terms

Be your best

AbleTo behavioral care program

Personalized support when you need it

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

48.03.337.1 (2/21)

Sometimes life can be overwhelming, leading to worry, stress and sadness. These are common feelings with major life changes or chronic pain. But help is now just a phone call away.

With the AbleTo program, you'll get virtual, personalized support that can help you feel better. You'll learn how to better manage your emotions and improve your overall health. And your mental and physical health can improve in as little as eight weeks. Plus, this program is already included in your Aetna® membership.

The program can help you:

- Work through these normal emotions
- Know the types of changes you need to make
- Feel like you're in control of your health and life



Real help that fits your schedule

It's really easy to take the first step. In fact, you can speak to a licensed therapist within seven days or less from calling.

Then, you can attend a private, confidential session virtually, by telephone or secure video chat, right from your home. Simply schedule your sessions at your convenience, including outside normal business hours and on weekends.

So how does it work?

Support when and where you need it

Every week, you'll meet with your experienced care team (a behavioral coach and therapist). You'll work with them to set goals and learn coping strategies in two private sessions per week.

Your team will help you:

Better understand the relationship between thoughts, feelings and actions

Get ahead of challenging issues, including medical conditions, family problems or personal hurdles

Overcome obstacles that keep you from living your best life

Consider AbleTo support if you've had one of these health conditions or life changes:

- Depression, anxiety or panic attacks
- Chronic pain/pain management
- Grief and loss
- Diabetes/weight loss
- Cardiovascular disease
- Caregiver stress (child, elder or person with autism)
- Digestive health issues
- Cancer diagnosis and recovery
- Respiratory issues
- Infertility or postpartum depression
- Alcohol or substance use disorder
- Military transition

Here's what makes this program different

Unlike other telemedicine services, this program has:

- A short-term, eight-week model
- Proven effectiveness
- Therapy plus coaching
- Excellent online member experience
- Flexible scheduling

Easy ways to join the program

We'll call you:

If your claims data shows you may benefit from this program, an Aetna or AbleTo representative will call you to explain how it works and why it can help you. In most cases, there's no cost to you.*

Or you can contact us:

- Visit **AbleTo.com/Aetna**
- Call **1-844-330-3648**, Monday–Friday from 9 AM–8 PM ET
- Tell your Aetna case manager you'd like to participate

95% 

of surveyed AbleTo program graduates recommend the program to others.¹

After just 8 weeks of treatment, graduates reported

50% 

improvement in overall health and symptoms of stress, anxiety and depression.²

*You may be able to receive AbleTo services with no out-of-pocket cost to you, depending on your employer. With other employers, associated deductibles will apply before your out-of-pocket expenses are covered. Just call the number on your member ID card to learn more about your options.

¹ AbleTo Patient Satisfaction Survey, 2019.

² AbleTo Commercial Outcomes, 2019

Welcome to your health and well-being resource



Explore Aetna Health Your Way™

As part of **Aetna Health Your Way™** you have access to a digital health platform that helps you achieve your best health in a whole new way. You'll get personalized resources and challenges to help you earn rewards every year. So it makes it easier to stay on track and reach your goals.

Two simple steps:

1. Take your health assessment and get your MyHealth100 score.
2. Choose a personalized pathway that can help you achieve your health goals.

Plus, you can:

- Read, watch and listen to health content on a wide variety of topics
- See what's trending among other users in the platform
- Search by specific topic



Ready to explore Aetna Health Your Way today?

Just sign in at [Aetna.com](https://www.aetna.com) and scroll to Well-being resources and select "Aetna Health Your Way." Or download the MyActiveHealth Wellness app from either the [App Store](https://www.apple.com/appstore) or [Google Play](https://www.google.com/play).



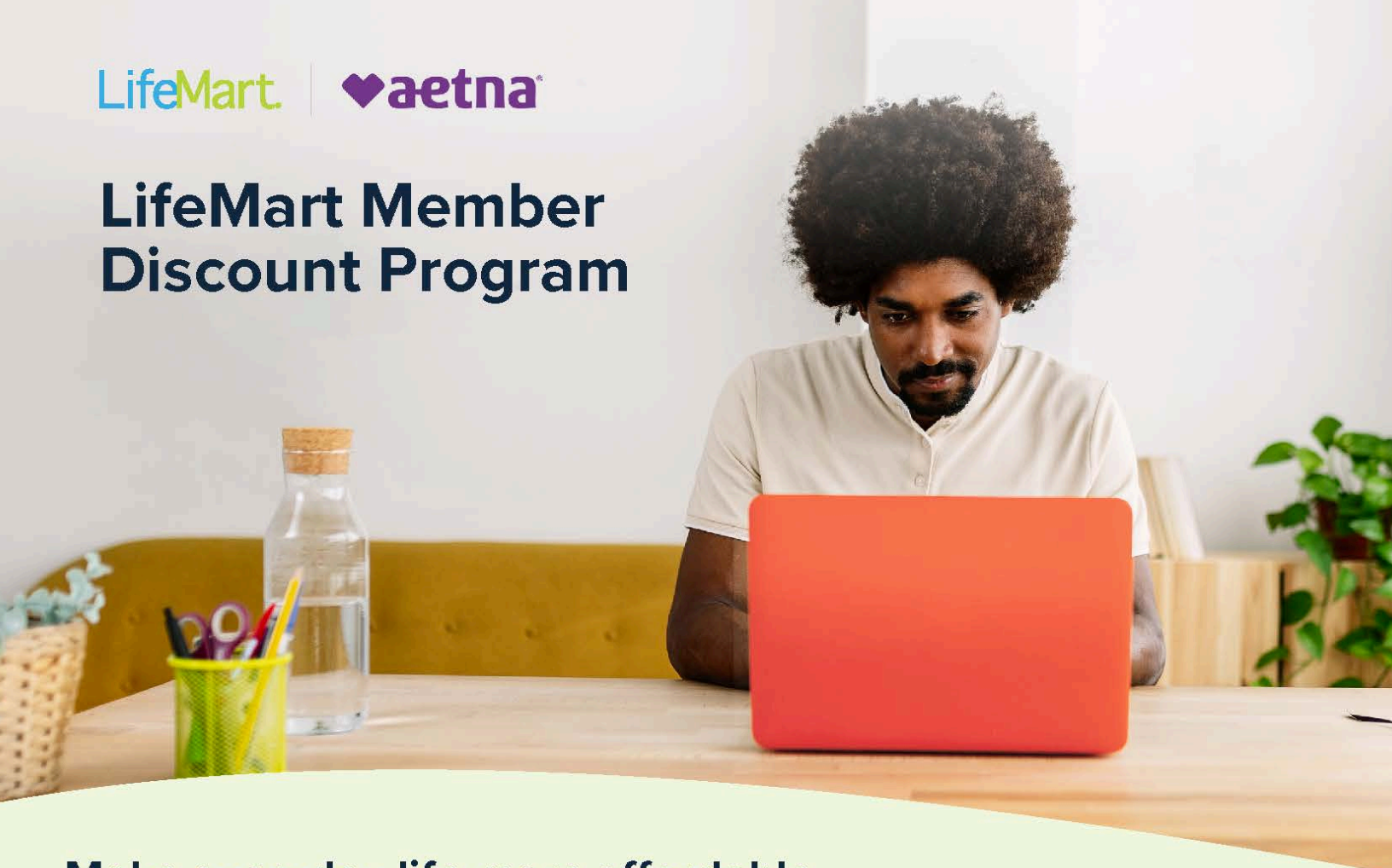
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Our programs, care team and care managers do not diagnose or treat members. We assist you in getting the care you need, and our program is not a substitute for the medical treatment and/or instructions provided by your health care providers. If a member is not able to complete an activity and would like an alternative way to qualify for the rewards in a specific program, please call the phone number on your member ID card.

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

LifeMart Member Discount Program



Make everyday life more affordable

LifeMart offers exclusive savings on major purchases and everyday essentials from brands you know and love, all in one convenient location. With discounts on travel, entertainment, child & senior care, wellness, home & auto, and so much more - LifeMart is the way to save.

Saving with LifeMart is easy:

- Search for discounts by category
- Select an offer to review the details
- Simply follow the redemption instructions to access discounts

Plus, you can access LifeMart discounts anywhere, anytime, with the LifeMart mobile app*. Simply download the app and you can browse major savings on the go. Available for download in the Google Play Store and iTunes Store.

**Pre-registration is required.*

<http://www.aetna.com>

Log in with your user name and password.
Click on the **Health & Wellness Tab > Health & Wellness Discounts > Click on any of the Health and Wellness tiles** to access the **LifeMart Discount Website**



Dental Insurance

Plan Choices



Delta Dental | www.deltadental.com | 800-877-7195

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	\$21.80	\$40.36
Employee + Spouse	\$47.64	\$90.67
Employee + Children	\$53.68	\$87.65
Employee + Family	\$83.65	\$139.32

Deductible Year: January 2025 - December 2025
Plan Year: September 2025 - August 2026.

Keep smiling

DPO



Save with DPO

Visit a dentist in the DPO¹ network to maximize your savings.² These dentists have agreed to reduced fees, and you won't get charged more than your expected share of the bill.³ Find a DPO dentist at deltadentalins.com.

Set up an online account

Get information about your plan, check benefits and eligibility information, find a network dentist and more. Sign up for an online account at deltadentalins.com.

Check in without an ID card

You don't need a Delta Dental ID card when you visit the dentist. Just provide your name, birth date and enrollee ID or Social Security number. If your family members are covered under your plan, they'll need your information. Prefer to have an ID card? Simply log in to your account to view or print your card.

Coordinate dual coverage

If you're covered under two plans, ask your dental office to include information about both plans with your claim — we'll handle the rest.

Understand transition of care

Generally, multi-stage procedures are covered under your current plan only if treatment began after your plan's effective date of coverage.⁴ Log in to your online account to find this date.

Get LASIK and hearing aid discounts

With access to QualSight and Amplifon Hearing Health Care⁵, you can receive significant savings on LASIK procedures and hearing aids. To take advantage of these discounts, call QualSight at **855-248-2020** and Amplifon at **888-779-1429**.

Save with a DPO dentist



DPO



NON-DPO

¹ In Texas, Delta Dental Insurance Company provides a dental provider organization (DPO) plan.

² You can still visit any licensed dentist, but your out-of-pocket costs may be higher if you choose a non-DPO dentist. Network dentists are paid contracted fees.

³ You are responsible for any applicable deductibles, coinsurance, amounts over annual or lifetime maximums and charges for non-covered services. Out-of-network dentists may bill the difference between their usual fee and Delta Dental's maximum contract allowance.

⁴ Applies only to procedures covered under your plan. If you began treatment prior to your effective date of coverage, you or your prior carrier is responsible for any costs. Group- and state-specific exceptions may apply. If you are currently undergoing active orthodontic treatment, you may be eligible to continue treatment under this plan. Review your Evidence of Coverage, Summary Plan Description or Group Dental Service Contract for specific details about your plan.

⁵ Vision corrective services and Amplifon's hearing health care services are not insured benefits. Delta Dental makes the vision corrective services program and hearing health care services program available to you to provide access to the preferred pricing for LASIK surgery and for hearing aids and other hearing health services.

Benefit Highlights: DPO from Delta Dental

Plan Benefit Highlights for: Flour Bluff Independent School District
Group Number: 23558 - Low Plan

Effective Date: 9/1/2025

Benefits	Delta Dental DPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles Per member / per family each calendar year	\$50/ \$150	\$50/ \$150	\$50/ \$150
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Maximums Per member each calendar year	\$1,000	\$1,000	\$1,000
D&P counts toward maximum?	No, for all Dentists		

Covered Services*	Delta Dental DPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
Basic Services Fillings, Simple Extractions and Posterior Composites	50%	50%	50%
Endodontics Root Canals	Not Covered	Not Covered	Not Covered
Periodontics Non-Surgical Periodontics	50%	50%	50%
Periodontics Surgical Periodontics	Not Covered	Not Covered	Not Covered
Oral Surgery	50%	50%	50%
Major Services Crowns, Inlays, Onlays and Cast Restorations	Not Covered	Not Covered	Not Covered
Prosthodontics Bridges, Dentures and Denture Repair/Reline/Rebase	Not Covered	Not Covered	Not Covered

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on DPO contracted fees for DPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental Insurance Company 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	Customer Service 800-521-2651 deltadentalins.com	Claims Address P.O. Box 1809 Alpharetta, GA 30023-1809
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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Benefit Highlights: DPO from Delta Dental

Plan Benefit Highlights for: Flour Bluff Independent School District
Group Number: 23558 - High Plan

Effective Date: 9/1/2025

Benefits	Delta Dental DPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Deductibles Per member / per family each calendar year	\$50/ \$150	\$50/ \$150	\$50/ \$150
Deductibles waived for Diagnostic & Preventive?	Yes, for all Dentists		
Deductibles waived for Orthodontics?	Yes, for all Dentists		
Maximums Per member each calendar year	\$1,000	\$1,000	\$1,000
D&P counts toward maximum?	No, for all Dentists		

Covered Services*	Delta Dental DPO dentists**	Delta Dental Premier dentists**	Non-Delta Dental dentists**
Diagnostic & Preventive Services (D&P) Exams, Cleanings, X-Rays, Sealants and Space Maintainers	100%	100%	100%
Basic Services Fillings, Simple Extractions and Posterior Composites	80%	80%	80%
Endodontics Root Canals	50%	50%	50%
Periodontics Non-Surgical Periodontics	80%	80%	80%
Periodontics Surgical Periodontics	50%	50%	50%
Oral Surgery	80%	80%	80%
Major Services Crowns, Inlays, Onlays and Cast Restorations	50%	50%	50%
Prosthodontics Bridges, Dentures and Denture Repair/Reline/Rebase	50%	50%	50%
Implants Implant Services	50%	50%	50%
Orthodontic Services Dependent Children	50%	50%	50%
Orthodontic Maximums	\$1,000 Lifetime	\$1,000 Lifetime	\$1,000 Lifetime

For eligibility details, refer to the plan's Evidence/Certificate of Coverage (on file with your benefits administrator, plan sponsor or employer).

* Limitations or waiting periods may apply for some benefits; some services may be excluded from your plan. Reimbursement is based on Delta Dental maximum contract allowances and not necessarily each dentist's submitted fees.

** Reimbursement is based on DPO contracted fees for DPO dentists, Premier contracted fees for Premier dentists and program allowance for non-Delta Dental dentists.

Delta Dental Insurance Company 1130 Sanctuary Parkway, Suite 600 Alpharetta, GA 30009	Customer Service 800-521-2651 deltadentalins.com	Claims Address P.O. Box 1809 Alpharetta, GA 30023-1809
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This benefit information is not intended or designed to replace or serve as the plan's Evidence of Coverage or Summary Plan Description. If you have specific questions regarding the benefits, limitations or exclusions for your plan, please consult your company's benefits representative.

Vision Insurance

Davis Vision | 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

Standard 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 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

\$0 copay

Non-Collection lens

15% savings¹



Frame

Allowance:

\$120

+Additional 20% off any overage.¹

or

The Exclusive Collection copay:

Fashion

Designer

Premier

Covered in full

Covered in full

\$25



Lenses

Lens copay:

\$20



Contacts²
in lieu of glasses

Allowance:

\$145

+Additional 15% off any overage.¹

or

The Exclusive Collection
of Contact Lenses:³

Covered in full

Using your client code

Log in using your client code (listed above) at 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 to locate a provider near you including Visionworks.

Options & upgrades

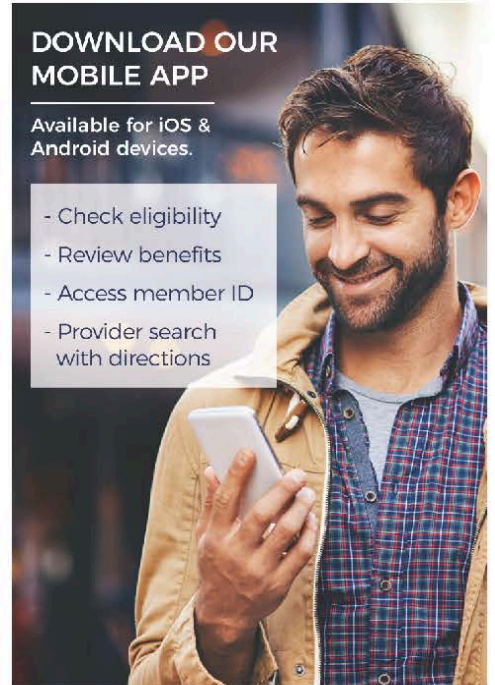
Lens options

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

DOWNLOAD OUR MOBILE APP

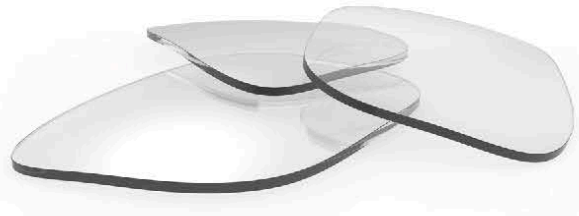
Available for iOS & Android devices.

- Check eligibility
- Review benefits
- Access member ID
- Provider search with directions



Additional savings

Retinal imaging (Member charge)	\$39
Additional pairs of eyeglasses	30% discount ¹
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

¹ Some limitations apply to additional discounts; discounts not applicable at all in-network providers. ² Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. ³ 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

Enhanced 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 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

\$0 copay

Non-Collection lens

15% savings¹



Frame

Allowance:

\$150

+Additional 20% off any overage.¹

or

The Exclusive Collection copay:

Fashion

Designer

Premier

Covered in full

Covered in full

\$25



Lenses

Lens copay:

\$5



Contacts²
in lieu of glasses

Allowance:

\$200

+Additional 15% off any overage.¹

or

The Exclusive Collection
of Contact Lenses:³

Covered in full

Using your client code

Log in using your client code (listed above) at 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 to locate a provider near you including Visionworks.

Options & upgrades

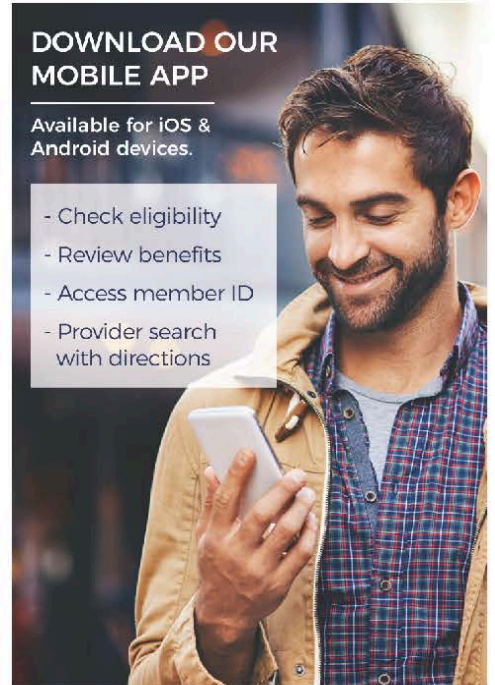
Lens options

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

DOWNLOAD OUR MOBILE APP

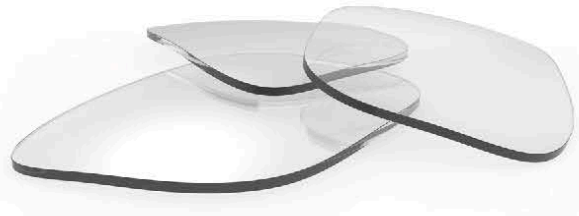
Available for iOS & Android devices.

- Check eligibility
- Review benefits
- Access member ID
- Provider search with directions



Additional savings

Retinal imaging (Member charge)	\$39
Additional pairs of eyeglasses	30% discount ¹
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

¹ Some limitations apply to additional discounts; discounts not applicable at all in-network providers. ² Contact lens coverage varies by product selection. Visually Required contacts are covered in full with prior approval. ³ 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
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 \$660 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$660 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$660 will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2025 is \$3,300.

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 | 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 2025 is \$3,300.

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 | 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.

	2025	2026
HSA Contribution Limits	<ul style="list-style-type: none">• Self: \$4,300• Family: \$8,550	<ul style="list-style-type: none">• Self Only: \$4,400• Family: \$8,750
Health Insurance Deductible Limits	<ul style="list-style-type: none">• Self Only: \$1,650• Family: \$3,300	<ul style="list-style-type: none">• Self Only: \$1,700• Family: \$3,400

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

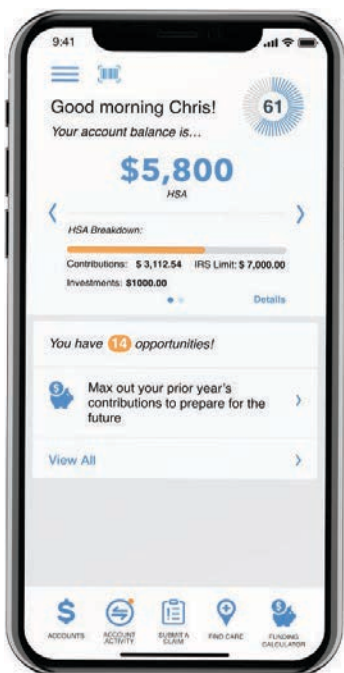
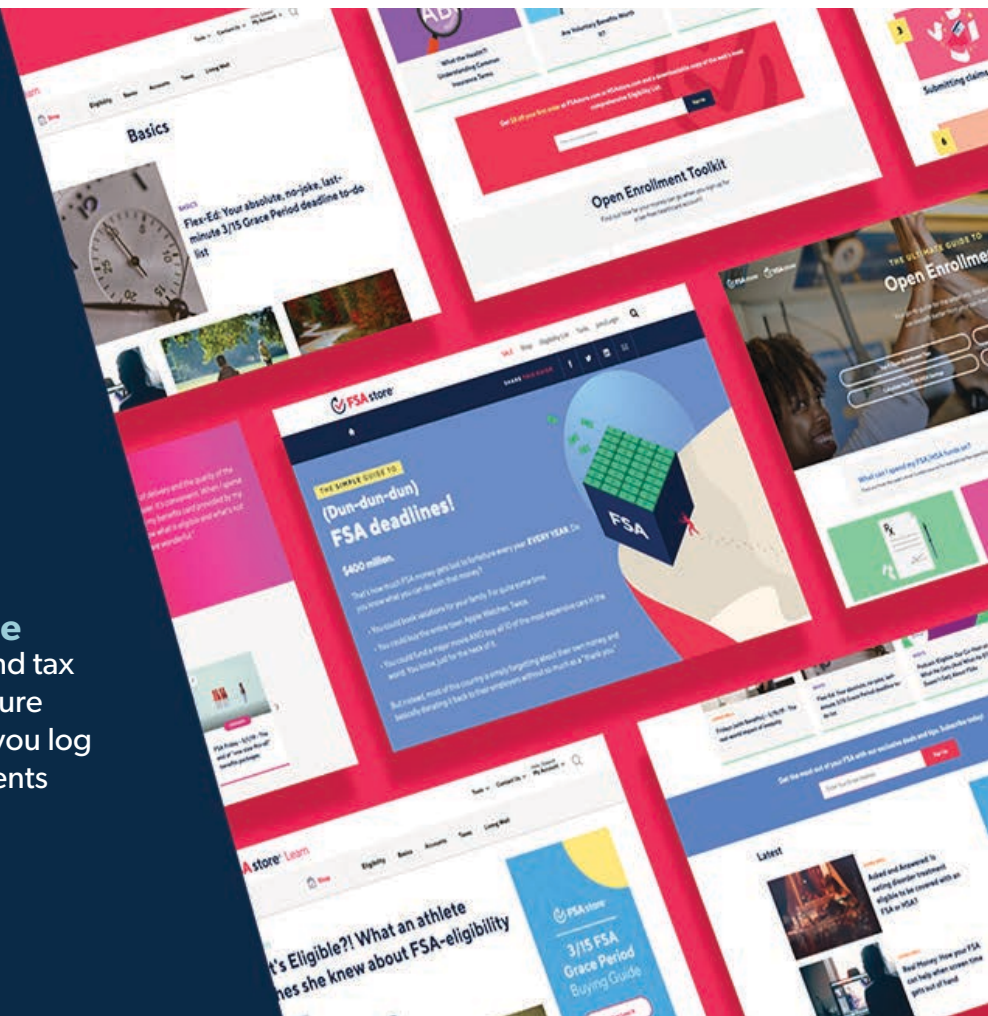
FSA & HSA Resources

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. 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 | 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

Definition of a Member	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.
Eligibility Waiting Period	You are eligible on the first of the month that follows or coincides with the date you become a member.

Benefits

Basic Life Coverage Amount	Your Basic Life coverage amount is \$20,000.
Basic AD&D Coverage Amount	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.
Life Age Reductions	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

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

② 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.

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.

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

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
For You:	Up to \$200,000
For Your Spouse:	Up to \$50,000

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.

💰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:

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

÷ 1000 =

Enter your rate from the rate table.

x

=

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 | 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

PURELIFE-PLUS



IT'S AFFORDABLE
YOU OWN IT



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



YOU CAN COVER YOUR SPOUSE, CHILDREN
AND GRANDCHILDREN, TOO¹



YOU CAN GET A LIVING BENEFIT IF YOU
BECOME TERMINALLY ILL²



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



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



YOU CAN QUALIFY BY ANSWERING JUST 3 QUESTIONS - NO EXAM OR NEEDLES

During the last six months, has the proposed insured:

1. Been actively at work on a full time basis, performing usual duties?
2. Been absent from work due to illness or medical treatment for a period of more than 5 consecutive working days?
3. Been disabled or received tests, treatment or care of any kind in a hospital or nursing home or received chemotherapy, hormonal therapy for cancer, radiation, dialysis treatment, or treatment for alcohol or drug abuse?



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

ADDITIONAL POLICY BENEFITS

Accelerated Death Benefit Due to Chronic Illness Rider

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

Here's how it works:

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

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

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

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

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

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



DO NOT CROSS

Accidental Death Benefit Rider

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

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

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

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

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

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.

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

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

Disability Insurance

The Standard | 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?





Standard Insurance Company
Educator Options Voluntary Long Term Disability Coverage Highlights
Flour Bluff Independent School District

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

- | | |
|------------------------|--|
| Policy # 172938 | <ul style="list-style-type: none">• A minimum number of eligible employees must apply and qualify for the proposed plan before Educator Options Voluntary LTD coverage can become effective |
| Employee | <ul style="list-style-type: none">• A regular employee of Flour Bluff Independent School District• Actively working at least 20 hours each week• A citizen or resident of the United States or Canada• Temporary and seasonal employees, full-time members of the armed forces, leased employees and independent contractors are not eligible |
| Premium | <ul style="list-style-type: none">• You pay 100 percent of the premium for this coverage through easy payroll deduction |

Benefit Amount

- | | |
|-------------------------------------|--|
| Benefit Amount | 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. |
| Plan Maximum Monthly Benefit | The lesser of \$8,000 or 66 2/3 percent of your predisability earnings |
| Plan Minimum Monthly Benefit | 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

Understanding Your Plan Design (Continued)
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:

Age	Maximum Benefit Period
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	\$3,000
Less Social Security disability benefit	-\$1,200
Less retirement benefit	-\$900
Amount of LTD benefit	\$900

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 times your unreduced LTD benefit may be payable (any survivors benefit payable will first be

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	4.56	4.16	3.80	2.84	2.16
5,400	450	300	7.80	6.84	6.24	5.70	4.26	3.24
7,200	600	400	10.40	9.12	8.32	7.60	5.68	4.32
9,000	750	500	13.00	11.40	10.40	9.50	7.10	5.40
10,800	900	600	15.60	13.68	12.48	11.40	8.52	6.48
12,600	1,050	700	18.20	15.96	14.56	13.30	9.94	7.56
14,400	1,200	800	20.80	18.24	16.64	15.20	11.36	8.64
16,200	1,350	900	23.40	20.52	18.72	17.10	12.78	9.72
18,000	1,500	1,000	26.00	22.80	20.80	19.00	14.20	10.80
19,800	1,650	1,100	28.60	25.08	22.88	20.90	15.62	11.88
21,600	1,800	1,200	31.20	27.36	24.96	22.80	17.04	12.96
23,400	1,950	1,300	33.80	29.64	27.04	24.70	18.46	14.04
25,200	2,100	1,400	36.40	31.92	29.12	26.60	19.88	15.12
27,000	2,250	1,500	39.00	34.20	31.20	28.50	21.30	16.20
28,800	2,400	1,600	41.60	36.48	33.28	30.40	22.72	17.28
30,600	2,550	1,700	44.20	38.76	35.36	32.30	24.14	18.36
32,400	2,700	1,800	46.80	41.04	37.44	34.20	25.56	19.44
34,200	2,850	1,900	49.40	43.32	39.52	36.10	26.98	20.52
36,000	3,000	2,000	52.00	45.60	41.60	38.00	28.40	21.60
37,800	3,150	2,100	54.60	47.88	43.68	39.90	29.82	22.68
39,600	3,300	2,200	57.20	50.16	45.76	41.80	31.24	23.76
41,400	3,450	2,300	59.80	52.44	47.84	43.70	32.66	24.84
43,200	3,600	2,400	62.40	54.72	49.92	45.60	34.08	25.92
45,000	3,750	2,500	65.00	57.00	52.00	47.50	35.50	27.00
46,800	3,900	2,600	67.60	59.28	54.08	49.40	36.92	28.08
48,600	4,050	2,700	70.20	61.56	56.16	51.30	38.34	29.16
50,400	4,200	2,800	72.80	63.84	58.24	53.20	39.76	30.24
52,200	4,350	2,900	75.40	66.12	60.32	55.10	41.18	31.32
54,000	4,500	3,000	78.00	68.40	62.40	57.00	42.60	32.40
55,800	4,650	3,100	80.60	70.68	64.48	58.90	44.02	33.48
57,600	4,800	3,200	83.20	72.96	66.56	60.80	45.44	34.56
59,400	4,950	3,300	85.80	75.24	68.64	62.70	46.86	35.64
61,200	5,100	3,400	88.40	77.52	70.72	64.60	48.28	36.72
63,000	5,250	3,500	91.00	79.80	72.80	66.50	49.70	37.80
64,800	5,400	3,600	93.60	82.08	74.88	68.40	51.12	38.88
66,600	5,550	3,700	96.20	84.36	76.96	70.30	52.54	39.96
68,400	5,700	3,800	98.80	86.64	79.04	72.20	53.96	41.04
70,200	5,850	3,900	101.40	88.92	81.12	74.10	55.38	42.12
72,000	6,000	4,000	104.00	91.20	83.20	76.00	56.80	43.20
73,800	6,150	4,100	106.60	93.48	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					
			7/7	14/14	30/30	60/60	90/90	180/180
75,600	6,300	4,200	109.20	95.76	87.36	79.80	59.64	45.36
77,400	6,450	4,300	111.80	98.04	89.44	81.70	61.06	46.44
79,200	6,600	4,400	114.40	100.32	91.52	83.60	62.48	47.52
81,000	6,750	4,500	117.00	102.60	93.60	85.50	63.90	48.60
82,800	6,900	4,600	119.60	104.88	95.68	87.40	65.32	49.68
84,600	7,050	4,700	122.20	107.16	97.76	89.30	66.74	50.76
86,400	7,200	4,800	124.80	109.44	99.84	91.20	68.16	51.84
88,200	7,350	4,900	127.40	111.72	101.92	93.10	69.58	52.92
90,000	7,500	5,000	130.00	114.00	104.00	95.00	71.00	54.00
91,800	7,650	5,100	132.60	116.28	106.08	96.90	72.42	55.08
93,600	7,800	5,200	135.20	118.56	108.16	98.80	73.84	56.16
95,400	7,950	5,300	137.80	120.84	110.24	100.70	75.26	57.24
97,200	8,100	5,400	140.40	123.12	112.32	102.60	76.68	58.32
99,000	8,250	5,500	143.00	125.40	114.40	104.50	78.10	59.40
100,800	8,400	5,600	145.60	127.68	116.48	106.40	79.52	60.48
102,600	8,550	5,700	148.20	129.96	118.56	108.30	80.94	61.56
104,400	8,700	5,800	150.80	132.24	120.64	110.20	82.36	62.64
106,200	8,850	5,900	153.40	134.52	122.72	112.10	83.78	63.72
108,000	9,000	6,000	156.00	136.80	124.80	114.00	85.20	64.80
109,800	9,150	6,100	158.60	139.08	126.88	115.90	86.62	65.88
111,600	9,300	6,200	161.20	141.36	128.96	117.80	88.04	66.96
113,400	9,450	6,300	163.80	143.64	131.04	119.70	89.46	68.04
115,200	9,600	6,400	166.40	145.92	133.12	121.60	90.88	69.12
117,000	9,750	6,500	169.00	148.20	135.20	123.50	92.30	70.20
118,800	9,900	6,600	171.60	150.48	137.28	125.40	93.72	71.28
120,600	10,050	6,700	174.20	152.76	139.36	127.30	95.14	72.36
122,400	10,200	6,800	176.80	155.04	141.44	129.20	96.56	73.44
124,200	10,350	6,900	179.40	157.32	143.52	131.10	97.98	74.52
126,000	10,500	7,000	182.00	159.60	145.60	133.00	99.40	75.60
127,800	10,650	7,100	184.60	161.88	147.68	134.90	100.82	76.68
129,600	10,800	7,200	187.20	164.16	149.76	136.80	102.24	77.76
131,400	10,950	7,300	189.80	166.44	151.84	138.70	103.66	78.84
133,200	11,100	7,400	192.40	168.72	153.92	140.60	105.08	79.92
135,000	11,250	7,500	195.00	171.00	156.00	142.50	106.50	81.00
136,800	11,400	7,600	197.60	173.28	158.08	144.40	107.92	82.08
138,600	11,550	7,700	200.20	175.56	160.16	146.30	109.34	83.16
140,400	11,700	7,800	202.80	177.84	162.24	148.20	110.76	84.24
142,200	11,850	7,900	205.40	180.12	164.32	150.10	112.18	85.32
144,000	12,000	8,000	208.00	182.40	166.40	152.00	113.60	86.40

Cancer Insurance

Plan Options



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

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

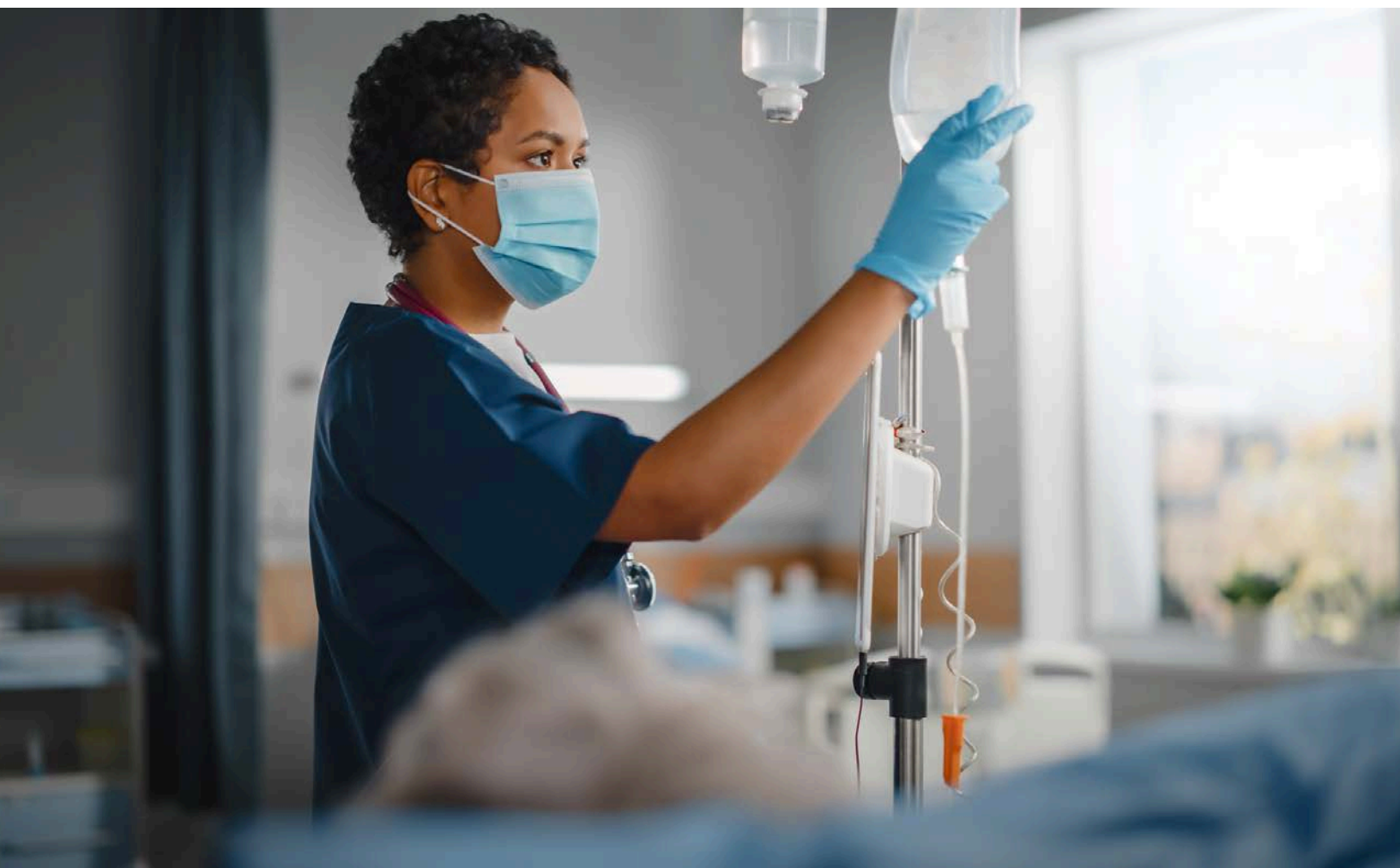
Aetna | www.aetna.com | 800-607-3366

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® 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 billion¹.

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.



¹WebMD. 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
Health screening benefit (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

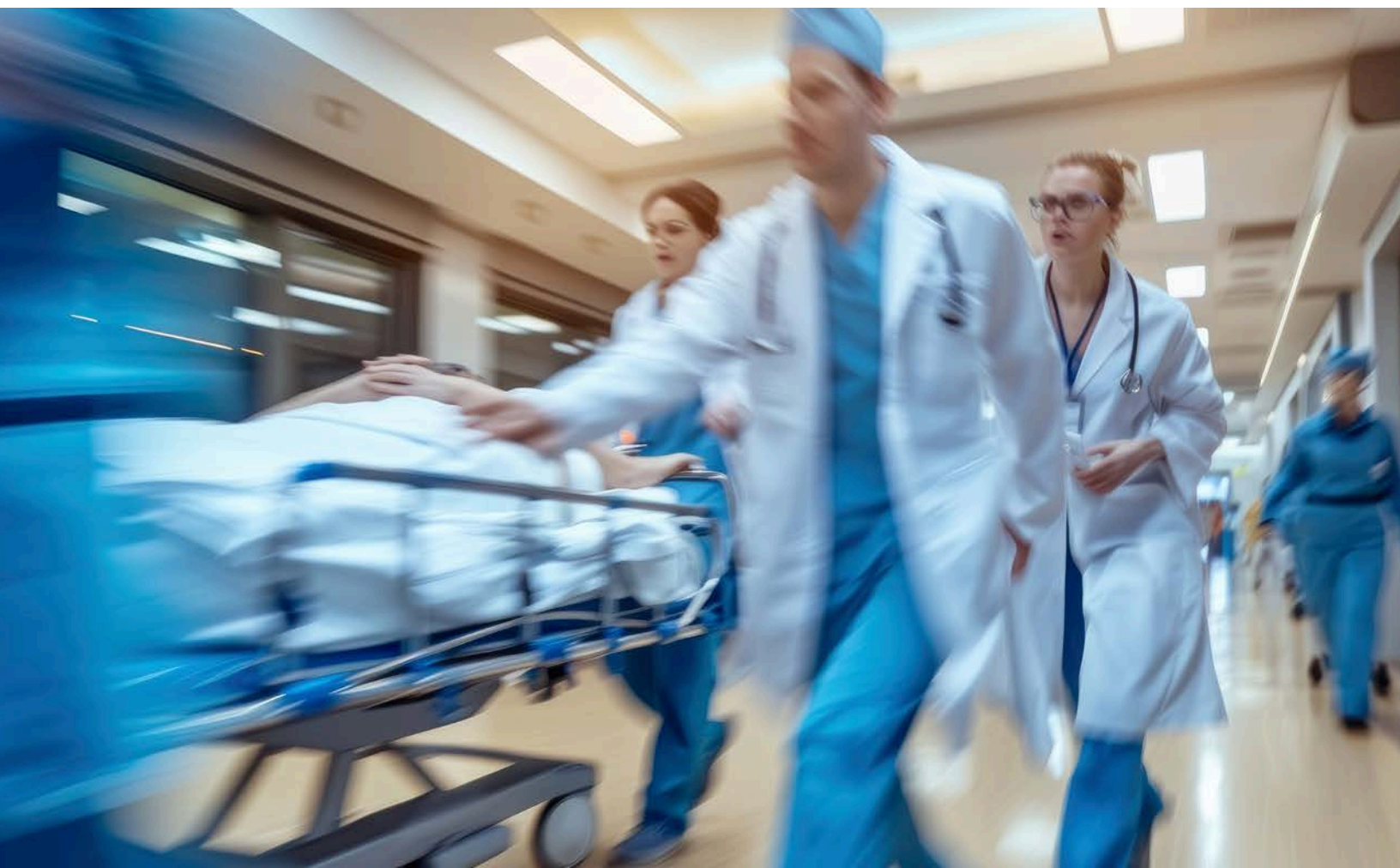


Accident Insurance

Aetna | www.aetna.com | 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**¹. Home accidents injure **one person every four seconds** in the U.S.²



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](https://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](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.



¹Average 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.

²About Home Safety. U.S. Department of Housing and Urban Development. 2022. Available at: 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>	<i>1</i>	<i>1</i>
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>	<i>1</i>	<i>1</i>
<i>Max visits for all places of service per plan year</i>	<i>3</i>	<i>3</i>
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>	<i>4</i>	<i>4</i>
<i>Max visits for all places of service per plan year</i>	<i>12</i>	<i>12</i>
Major appliances	\$750	\$1,000
Minor appliances	\$150	\$150
<i>Maximum appliances per accident, major & minor combined</i>	<i>1</i>	<i>1</i>
Chiropractic treatment/Alternative therapy	\$35	\$35
<i>Max combined visits per accident</i>	<i>10</i>	<i>10</i>
<i>Max combined visits per plan year</i>	<i>30</i>	<i>30</i>
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>	<i>1</i>	<i>1</i>
Repair or replace (<i>percentage of Prosthetic device/Artificial limb benefit amount</i>)	25%	25%
<i>Max repair or replace per plan year</i>	<i>1</i>	<i>1</i>
Therapy services	\$35	\$35
<i>Max therapy services per accident</i>	<i>10</i>	<i>10</i>
<i>Max therapy visit per plan year</i>	<i>30</i>	<i>30</i>

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
Max days per accident (<i>combined for all stays due to the same accident</i>)	365	365
Rehabilitation unit stay — daily	\$165	\$175
Max days for rehabilitation stay per accident	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
Max benefits per accident, combined for all surgery (<i>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
Max days per accident	30	30
Transportation	\$350	\$350
Max trips per accident	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
Max dismemberments per accident (non-finger, toe)	2	2
Loss of finger	\$1,000	\$1,000
Loss of toe	\$1,000	\$1,000
Max dismemberments per accident (finger, toe)	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 | 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[®] 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.

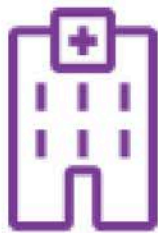
Insurance plans are offered and/or underwritten by Aetna Life Insurance Company (Aetna) at 151 Farmington Ave., Hartford, CT, 06156. Policy forms issued in Idaho include: GR-96172, AL VOL HPOL-Hosp 01



Because it happens

\$1.24 trillion was spent on hospital services in 2020. 60%-65% of all bankruptcies are related to medical expenses¹.

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.

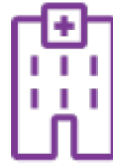


¹Debt.org. Hospital and Surgery Costs. October 2021. Available at: <https://www.debt.org/medical/hospital-surgery-costs/>. Accessed June 3, 2022.

* 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

iLock 360 | www.ilock360.com | 855-87-8888

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

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

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



iLOCK360

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



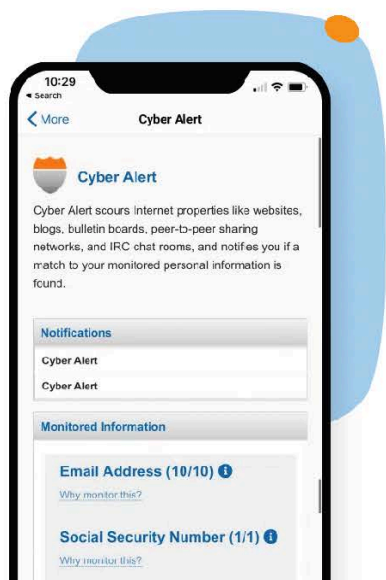
39 seconds is how often cyber-attacks occur

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

17% increase in data breaches 2022 to 2023

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

How iLOCK360 helps



Defend

Your personal information is monitored 24 / 7 / 365



Protect

Alerts inform you of potential threats for immediate action



Restore

iLOCK360 does the work to restore your identity

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

Monthly payroll deduction





Coverage plan	Basic	Plus	Premium
Employee	District-Paid	\$8	\$15
Employee + Family		\$20	\$27

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

Protect your identity **TODAY!**

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

Learn more about the protections that iLOCK360 offers:

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

403(b) Retirement Plans

TCG Services | 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	
2024	2025
\$23,000	\$23,500
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.

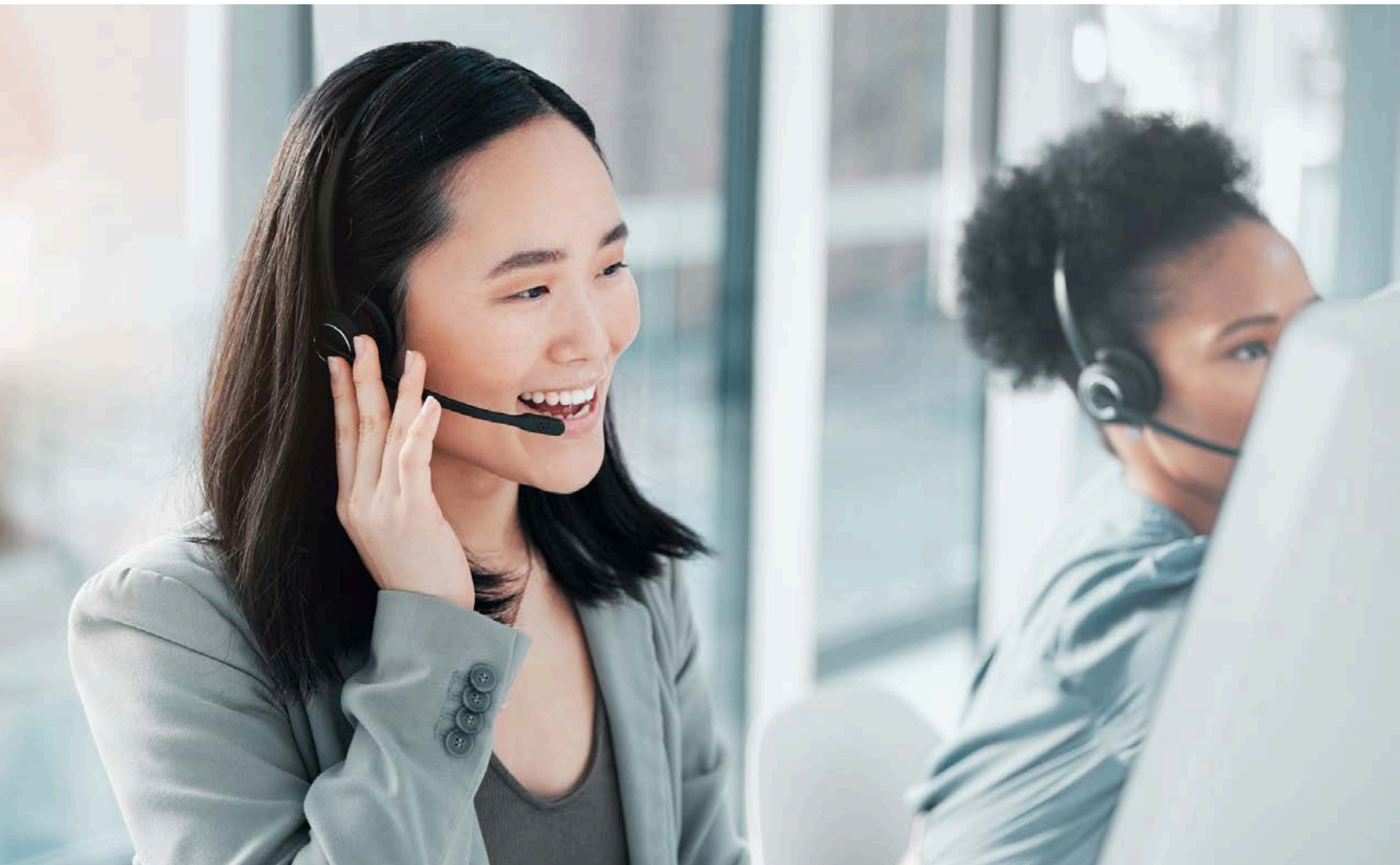
Employee Assistance Program

Resources for Living | www.resourcesforliving.com | 888-866-4827

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

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

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



Anytime support



Resources for Living

To access services:

1-888-866-4827, TTY: 711 / resourcesforliving.com

Username: FBISD / Access code: EAP



Flour Bluff ISD

Resources for Living is an employer-sponsored program, available at no cost to you and all members of your household. Children living away from home can access services up to age 26.

Services are confidential and available 24 hours a day, 7 days a week.

Emotional wellbeing support



You can access up to 6 counseling sessions per issue each year. You can also call us 24 hours a day for in-the-moment emotional well-being support.

Counseling sessions are available face-to-face, online with televideo or by phone. Services are free and confidential. We're always here to help with a wide range of issues including:

- Anxiety
- Relationship support
- Depression
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Self-esteem and personal development
- Substance misuse and more

Daily life assistance



Competing day-to-day needs can make it tough to know where to start. Call us for personalized guidance. We'll help you find resources for:

- Child care, parenting and adoption
- Care for older adults
- Caregiver support
- School and financial aid research
- Special needs
- Pet care
- Community resources/basic needs
- Home repair and improvement
- Summer programs for kids
- Household services and more



Legal services



You can get a free 30-minute consultation with a participating attorney for each new legal topic. Some of the areas of law and issues covered include:

- Family or domestic law
- Wills and estate planning
- Civil and criminal law
- Real estate and more

If you opt for services beyond the initial consultation you can get a 25 percent discount. You also have free access to legal documents and forms on your member website.

*Services must be related to the employee or an eligible household member. Exclusions include work-related and lack of merit issues. Discount does not include flat legal fees, contingency fees and plan mediator services.

Financial services



Simply call for a free 30-minute phone consultation for each new financial topic related to:

- Budgeting
- Credit and debt issues
- Retirement or other financial planning
- College funding
- Tax and IRS questions
- Mortgages and refinancing

You can get a 25 percent discount on standard tax preparation services. You also have access to financial articles, calculators and a financial assessment on your member website.

*Services must be for financial matters related to the employee or an eligible household member.

Online resources



Your member website offers a full range of tools and resources to help with emotional wellbeing, work/life balance and more. You'll find:

- Videos and podcasts
- Articles, blogs and self-assessments
- Mobile app
- Child and adult care provider search tool
- Live and on-demand webinars and more

Discount Center

Find deals on brand name products and services including electronics, entertainment, gifts and flowers, travel, fitness, nutrition and more.

Mind Companion Self-care

You have access to evidence-based support tools to help manage depression, anxiety, stress, substance misuse and more.

Additional services



Identity theft services — One hour fraud resolution phone consultation or coaching about ID theft prevention and credit restoration. Services include a free emergency kit for victims.

COBRA

First Financial Administrators, Inc. | 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?

Robert Dawson
FFMS Coordinator
Cell: 281-889-9382

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.

Contact Information

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

Edelia Trevino, Account Manager
361-779-1041 | edelia.trevino@ffga.com

Product	Carrier	Website	Phone
Medical	Aetna	www.aetna.com	(800) 607-3366
Dental	Delta Dental	www.deltadental.com	(800) 877-7195
Vision	Davis	www.davisvision.com	(877) 923-2847
Flexible Spending Accounts	FFGA FSA Department	ffa.wealthcareportal.com/page/home	(866) 853-3539
Health Savings Accounts	FFGA HSA Department	ffa.wealthcareportal.com/page/home	(866) 853-3539
Term Life & AD&D	The Standard	www.standard.com/individuals-families/workplace-benefits/life-and-add	(800) 628-8600
Permanent Life	Texas Life	www.texaslife.com	(800) 283-9233
Disability	The Standard	www.standard.com/individuals-families/workplace-benefits/disability	(800) 368-2859
Cancer	American Fidelity	www.americanfidelity.com	(800) 654-8489
Critical Illness	Aetna	www.aetna.com	(800) 607-3366
Accident	Aetna	www.aetna.com	(800) 607-3366
Hospital Indemnity	Aetna	www.aetna.com	(800) 607-3366
Identity Theft Protection	iLock 360	www.ilock360.com	(855) 287-8888

Contact Information

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

Edelia Trevino, Account Manager
361-779-1041 | edelia.trevino@ffga.com

Product	Carrier	Website	Phone
403(b) Retirement Plan	TCG Administrators	www.tcgservices.com	(800) 943-9179
Employee Assistnace Program	Resources for Living	www.resourcesforliving.com	(888) 866-4827
COBRA	First Financial Administrators, Inc.	www.ffga.com	(800) 523-8422, option 4
Medicare	FFMS	www.ffga.com/medicare-solutions	(800) 523-8422



Gallagher

Insurance | Risk Management | Consulting



Annual Enrollment Notices & Disclosures

Flour Bluff Independent School District September 1, 2025

Arthur J. Gallagher & Co.
www.ajg.com

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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page 12 where Notice of Creditable Coverage begin for more details.

PATIENT PROTECTIONS DISCLOSURE

The group health plans generally allows the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from Aetna or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the plan administrator.

WOMEN'S HEALTH & CANCER RIGHTS ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan.

If you would like more information on WHCRA benefits, please call your Plan Administrator.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Health Insurance Premium Payment Program All other Medicaid Website: https://www.in.gov/medicaid/ http://www.in.gov/fssa/dfr/ Family and Social Services Administration Phone: 1-800-403-0864 Member Services Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: Iowa Medicaid Health & Human Services Medicaid Phone: 1-800-338-8366 Hawki Website: Hawki - Healthy and Well Kids in Iowa Health & Human Services Hawki Phone: 1-800-257-8563 HIPP Website: Health Insurance Premium Payment (HIPP) Health & Human Services (iowa.gov) HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kynect.ky.gov Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>

https://mn.gov/dhs/health-care-coverage/ Phone: 1-800-657-3672	
MONTANA – Medicaid	NEBRASKA – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HHSHIPPProgram@mt.gov	Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178
NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Phone: 1-800-356-1561 CHIP Premium Assistance Phone: 609-631-2392 CHIP Website: http://www.nifamilycare.org/index.html CHIP Phone: 1-800-701-0710 (TTY: 711)	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid

Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
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TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Utah's Premium Partnership for Health Insurance (UPP) Website: https://medicaid.utah.gov/upp/ Email: upp@utah.gov Phone: 1-888-222-2542 Adult Expansion Website: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program Website: https://medicaid.utah.gov/buyout-program/ CHIP Website: https://chip.utah.gov/
VERMONT – Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

HIPAA NOTICE OF PRIVACY PRACTICES REMINDER

Protecting Your Health Information Privacy Rights

Flour Bluff ISD is committed to the privacy of your health information. The administrators of the Flour Bluff ISD Medical Plan (the “Plan”) use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan’s policies protecting your privacy rights and your rights under the law are described in the Plan’s Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting the plan administrator.

HIPAA SPECIAL ENROLLMENT RIGHTS

Flour Bluff ISD Medical Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Flour Bluff ISD Medical Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its “special enrollment provision” if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program).

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after your or your dependents’ other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children’s Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 31 days after the marriage and 60 days from birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children’s Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium

assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact the plan administrator.

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

NOTICE OF CREDITABLE COVERAGE

Important Notice from Flour Bluff ISD

About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Flour Bluff ISD and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

- 1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**
- 2. Flour Bluff ISD has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Flour Bluff ISD coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current Flour Bluff ISD coverage, be aware that you and your dependents will not be able to get this coverage back.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Flour Bluff ISD and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Flour Bluff ISD changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).



Gallagher

Insurance | Risk Management | Consulting

Date: September 1, 2025

Name of Entity/Sender: Flour Bluff Independent School District

Contact—Position/Office: Human Resources Department

Office Address: 2505 Waldron Road, Corpus Christi, TX 78418

Phone Number: 361-694-9000

COBRA GENERAL NOTICE

Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans)

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a “dependent child.”

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee; or
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the

Plan Administrator within 30 days after the qualifying event occurs. You must provide this notice to: Flour Bluff ISD Human Resources Department.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. 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.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov/.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Flour Bluff ISD Human Resources Department

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>

MARKETPLACE NOTICE

Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace and health coverage offered through your employment.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{1 2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services **is offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

For more information about your coverage offered through your employment, please check your health plan's summary plan description or contact the plan administrator.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Flour Bluff Independent School District		4. Employer Identification Number (EIN) 92-3207902	
5. Employer address 2505 Waldron Road		6. Employer phone number 361-694-9000	
7. City Corpus Christi		8. State Tx	9. ZIP code 78418
10. Who can we contact about employee health coverage at this job? Flour Bluff ISD Human Resources Department			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

Some employees. Eligible employees are:
Actively at work
 - With respect to dependents:

We do offer coverage. Eligible dependents are:
Legal spouse
Dependent children, married or unmarried, to age 26 (student status does not apply)
- ☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.
- **** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Disclaimer

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.



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