

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

Medina ISD BENEFITS GUIDE

Open Enrollment
August 14th



First Financial Group of America
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<https://ffbenefits.ffga.com/medinaisd/>



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

EMPLOYEE BENEFITS CENTER

YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

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

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

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



HOW TO ENROLL

NEW EMPLOYEES

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

ON-SITE ENROLLMENT

When it's time to enroll in your benefits, your First Financial Account Representative will be on-site to assist you with making your elections. Visit your EBC to view the on-site enrollment schedule, <https://ffbenefits.ffga.com/medinaisd/>.

ONLINE ENROLLMENT

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

LOGIN

- Login: Your Employee ID or Social Security Number (no dashes)
- PIN (first login only): The last four digits of your Social Security Number and the last two digits of the year you were born (six digits total)
- New PIN: The first time you log in you will be required to change to a new PIN. Please note your new PIN because you will use the new PIN from that point forward.

VIEW CURRENT BENEFITS

After logging in, you will arrive at the welcome screen. Your current benefits and premium deductions will be listed on this screen.

VIEW/ADD DEPENDENTS

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

BEGIN ELECTIONS

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

ELIGIBILITY

ELIGIBILITY

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

MID-YEAR BENEFIT CHANGES

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

QUALIFYING LIFE EVENTS INCLUDE:

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

DECLINING COVERAGE

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

SECTION 125 PLANS

SECTION 125 PLAN INFORMATION AND RULES

A Section 125 Plan provides a tax-saving way to pay for eligible medical or dependent care expenses. The funds are automatically deducted from your paycheck on a pre-tax basis.

HERE'S HOW IT WORKS

A Section 125 Plan reduces your taxes and increases your spendable income by allowing you to deduct the cost of eligible benefits from your earnings before tax. Plus, the plan is available to you at no cost, and you're already eligible – all you must do is enroll.

IS IT RIGHT FOR ME?

The savings you may experience with a Section 125 Plan are outlined in the example below. For instance, you could potentially take home about \$70 more each month if you participated in your employer's Section 125 Plan – that's a savings of \$840 a year!

You cannot change your benefit elections for the plan year unless the benefits office receives notification in writing within 31 days of the status change. If the benefits office is not notified within 31 days of the status change, no benefit change can be made until the next annual open enrollment.

IRS specified changes in family status include:

- Change in legal married status
- Change in number of dependents
- Termination or commencement of employment
- Dependent satisfies or ceases to satisfy dependent eligibility requirements
- Change in residence or worksite that affects eligibility for coverage

SECTION 125 PLAN SAMPLE PAYCHECK		
	WITHOUT S125	WITH S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Taxable Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267
YOU COULD SAVE \$70 PER MONTH IN TAXES BY PAYING FOR YOUR BENEFITS ON A PRE-TAX BASIS!		

**The figures in the sample paycheck above are for illustrative purposes only.*

MEDICAL

TRS-ACTIVECARE

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

BCBSTX

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

TRS-ACTIVECARE PRIMARY

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

TRS-ACTIVECARE HD

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

TRS-ACTIVECARE PRIMARY+

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

TRS-ACTIVECARE 2 – CLOSED TO NEW ENROLLEES

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

TRS-ACTIVECARE PLAN PRESCRIPTION BENEFITS

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

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

Remember the Alamo... and that TRS-ActiveCare has the largest network of doctors and hospitals in Texas!



TRS-ActiveCare Plan Highlights 2023-24



Learn the Terms.

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

2023-24 TRS-ActiveCare Plan Highlights

Sept. 1, 2023 – Aug. 31, 2024



How to Calculate Your Monthly Premium

Total Monthly Premium

➔ Your District and State Contributions

➔ **Your Premium**

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

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

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

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

New Rx Benefits!

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

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

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

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	\$376	\$ 146	\$442	\$212
Employee and Spouse	\$1,016	\$786	\$1,150	\$920
Employee and Children	\$640	\$410	\$752	\$522
Employee and Family	\$1,279	\$1,049	\$1,459	\$1,229

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

Doctor Visits			
Primary Care	\$30 copay	\$15 copay	You pay 50% after deductible
Specialist	\$70 copay	\$70 copay	You pay 50% after deductible

Immediate Care			
Urgent Care	\$50 copay	\$50 copay	You pay 50% after deductible
Emergency Care	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible
TRS Virtual Health-RediMD ^(TM)	\$0 per medical consultation	\$0 per medical consultation	\$30 per medical consultation
TRS Virtual Health-Teladoc®	\$12 per medical consultation	\$12 per medical consultation	\$42 per medical consultation

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

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

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

Total Premium	Your Premium
\$1,013	\$783
\$2,402	\$2,172
\$1,507	\$1,277
\$2,841	\$2,611

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

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

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

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

What's New and What's Changing



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

		2022-23 Total Premium	New 2023-24 Total Premium	Change in Dollar Amount	Key Plan Changes
TRS-ActiveCare Primary	Employee Only	\$346	\$376	\$30	<ul style="list-style-type: none"> Individual maximum-out-of-pocket decreased by \$650. Previous amount was \$8,150 and is now \$7,500. Family maximum-out-of-pocket decreased by \$1,300. Previous amount was \$16,300 and is now \$15,000. Teladoc virtual mental health visit copay decreased from \$70 to \$0.
	Employee and Spouse	\$976	\$1,016	\$40	
	Employee and Children	\$622	\$640	\$18	
	Employee and Family	\$1,168	\$1,279	\$111	
TRS-ActiveCare HD	Employee Only	\$357	\$388	\$31	<ul style="list-style-type: none"> Individual maximum-out-of-pocket increased by \$450 to match IRS guidelines. Previous amount was \$7,050 and is now \$7,500. Family maximum-out-of-pocket increased by \$900 to match IRS guidelines. Previous amount was \$14,100 and is now \$15,000. <p>These changes apply only to in-network amounts.</p>
	Employee and Spouse	\$1,005	\$1,048	\$43	
	Employee and Children	\$641	\$660	\$19	
	Employee and Family	\$1,202	\$1,320	\$118	
TRS-ActiveCare Primary+	Employee Only	\$434	\$442	\$8	<ul style="list-style-type: none"> Family deductible decreased by \$1,200. Previous amount was \$3,600 and is now \$2,400. Primary care provider and mental health copays decreased from \$30 to \$15. Teladoc virtual mental health visit copay decreased from \$70 to \$0.
	Employee and Spouse	\$1,062	\$1,150	\$88	
	Employee and Children	\$699	\$752	\$53	
	Employee and Family	\$1,336	\$1,459	\$123	
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	\$1,013	\$1,013	\$0	<ul style="list-style-type: none"> No changes. This plan is still closed to new enrollees.
	Employee and Spouse	\$2,402	\$2,402	\$0	
	Employee and Children	\$1,507	\$1,507	\$0	
	Employee and Family	\$2,841	\$2,841	\$0	

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

Effective: Sept. 1, 2023

Compare Prices for Common Medical Services

REMEMBER:

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

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

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

www.trs.texas.gov

DENTAL INSURANCE

Ameritas | <http://www.ameritas.com> | 1.800.487.5553

Taking care of your oral health is not a luxury, it is a necessity to long-term optimal health. Dental insurance can greatly reduce your costs when it comes to preventative, restorative, and emergency procedures. Review the plan benefits to see which option is best for you and your family’s dental needs. A range of procedures may be covered, such as:

- Comprehensive Exams
- Cleanings
- X-Rays
- Fillings
- Tooth Extractions
- General Anesthesia
- Crowns
- Root Canals

DENTAL MONTHLY PREMIUMS	
EMPLOYEE ONLY	\$32.68
EMPLOYEE + SPOUSE	\$68.24
EMPLOYEE + CHILD(REN)	\$74.80
EMPLOYEE + FAMILY	\$110.24



48590 Dental Plan Summary

Effective Date: 9/1/2023

Plan Benefit	
Type 1	100%
Type 2	80%
Type 3	50%
Deductible	\$5/visit Type 1 \$50 Calendar Year Type 2,3
Maximum (per person)	\$1,000 per calendar year
Allowance	U&C
Dental Rewards®	Included
Waiting Period	None
Annual Open Enrollment	Included

Orthodontia Summary - Child Only Coverage

Allowance	U&C
Plan Benefit	50%
Lifetime Maximum (per person)	\$1,000
Waiting Period	12 months New Enrollees Only

Sample Procedure Listing (Current Dental Terminology © American Dental Association.)

Type 1	Type 2	Type 3
<ul style="list-style-type: none"> • Routine Exam (2 per benefit period) • Bitewing X-rays (1 per benefit period) • Full Mouth/Panoramic X-rays (1 in 5 years) • Cleaning (2 per benefit period) • Fluoride for Children 13 and under (1 per benefit period) • Sealants (age 13 and under) 	<ul style="list-style-type: none"> • Space Maintainers • Fillings for Cavities • Restorative Composites (anterior and posterior teeth) • Simple Extractions 	<ul style="list-style-type: none"> • Onlays • Crowns (1 in 8 years per tooth) • Crown Repair • Endodontics (nonsurgical) • Endodontics (surgical) • Periodontics (nonsurgical) • Periodontics (surgical) • Denture Repair • Implants • Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 8 years) • Complex Extractions • Anesthesia

Monthly Rates

Employee Only (EE)	\$32.68
EE + Spouse	\$68.24
EE + Children	\$74.80
EE + Spouse & Children	\$110.24

Ameritas Information

We're Here to Help: This plan was designed specifically for the associates of MEDINA ISD. At Ameritas Group, we do more than provide coverage – we ensure there's always a friendly voice to explain your benefits, listen to concerns & answer your questions. Our customer relations associates are pleased to assist you 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can call toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Rx Savings

Our valued plan members and their covered dependents can save on prescription medications at over 60,000 pharmacies across the nation including CVS, Walgreens, Rite Aid and Walmart. This Rx discount is offered at no additional cost, and it is not insurance. To receive this Rx discount, Ameritas plan members just need to visit us at ameritas.com and sign into (or create) a secure member account where they can access and print an online-only Rx discount savings ID card.

Eyewear Savings

Ameritas plan members may receive up to 10% off eyewear frames and lenses purchased at any Walmart Vision Center nationwide. Members may also bring in their current vision prescription from any vision care provider and purchase eyewear at Walmart. This savings arrangement is not insurance: it is available to members at no additional cost to their plan premium. To receive the eyewear savings identification card, Ameritas plan members can visit ameritas.com and sign-in (or create) a secure member account. Members must present the Ameritas Eyewear Savings Card at time of purchase to receive the discount.

VISION INSURANCE

Ameritas | <http://www.ameritas.com> | 1.800.487.5553

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

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

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

VISION MONTHLY PREMIUMS	
VSP CHOICE PLAN	
EMPLOYEE ONLY	\$8.62
EMPLOYEE + SPOUSE	\$14.66
EMPLOYEE + CHILD(REN)	\$15.54
EMPLOYEE + FAMILY	\$23.30



Medina ISD

Eye Care Highlight Sheet



Effective Date: 9/1/2023

	VSP Network	Out of Network
Deductibles	\$10 Exam	\$10 Exam
Annual Eye Exam	\$25 Eye Glass Lenses or Frames*	\$25 Eye Glass Lenses or Frames
Lenses (per pair)	Covered in full	Up to \$52
Single Vision	Covered in full	Up to \$55
Bifocal	Covered in full	Up to \$75
Trifocal	Covered in full	Up to \$95
Lenticular	Covered in full	Up to \$125
Progressive	See lens options	NA
Contacts		
Fit & Follow Up Exams	15% discount	No benefit
	See Additional Focus Features.	
Elective	Up to \$150	Up to \$105
Medically Necessary	Covered in full	Up to \$210
Frames	\$180	Up to \$70
Frequencies (months)		
Exam/Lens/Frame	12/12/12	12/12/12
	Based on date of service	Based on date of service

*Deductible applies to a complete pair of glasses or to frames, whichever is selected.

Lens Options (member cost)*

	VSP Network	Out of Network
Progressive Lenses	Up to provider's contracted fee for Lined Trifocal Lenses. The patient is responsible for the difference between the base lens and the Progressive Lens charge.	Up to Lined Trifocal allowance.
Std. Polycarbonate	Covered in full for dependent children	No benefit
	\$25 adults	
Solid Plastic Dye	\$13	No benefit
	(except Pink I & II)	
Plastic Gradient Dye	\$15	No benefit
Photochromatic Lenses (Glass & Plastic)	\$27-\$76	No benefit
Scratch Resistant Coating	\$15-\$29	No benefit
Anti-Reflective Coating	\$39-\$75	No benefit
Ultraviolet Coating	\$14	No benefit

*Lens Option member costs vary by prescription, option chosen and retail locations.

Monthly Rates

Employee Only (EE)	\$8.62
EE + Spouse	\$14.66
EE + Children	\$15.54
EE + Spouse & Children	\$23.30

VSP Doctor

July 18, 2023

Search Criteria: Medina, TX, 78055

For: Ameritas - Choice Affil

By: Bobbi Bernhardt

TX

BANDERA

Bandera Eye Care (15.07mi)*

Handicap Accessible

Thomas J Goldstein OD

NPI: 1598744005 License: 4652
Last Credentialed Date: 5/26/2021
Gender: Male
1136 Main St
Bandera, TX 78003
(830) 850-0628

KERRVILLE

Eye-q Vision (21.46mi)

Handicap Accessible

Jeffrey K Elkins OD

NPI: 1295895399 License: 6580
Last Credentialed Date: 4/10/2023
Gender: Male
1216 Junction Hwy
Kerrville, TX 78028
(830) 895-7858

Ford Eye Care Center (20.74mi)

Languages Spoken: Spanish
Handicap Accessible

Bret B Ford OD

NPI: 1114900990 License: 5121
Last Credentialed Date: 6/13/2023
Gender: Male
714 Hill Country Dr
Kerrville, TX 78028
(830) 315-3673

Layne Ford OD

NPI: 1720517477 License: 9192
Last Credentialed Date: 1/29/2021
Gender: Female
714 Hill Country Dr
Kerrville, TX 78028
(830) 315-3673

Hill Country Vision Center (21.34mi)

Languages Spoken: Hindi, Malayalam,
Spanish
Handicap Accessible

Violet Ehiem OD

NPI: 1215316161 License: 8788
Last Credentialed Date: 7/8/2022
Gender: Female
205 W Water St Ste B
Kerrville, TX 78028
(830) 896-2600

Shelly D Blaker OD

NPI: 1487726568 License: 6569
Last Credentialed Date: 12/30/2021
Gender: Female
205 W Water St Ste B
Kerrville, TX 78028
(830) 896-2600

Sarah R Zaver OD

NPI: 1710393731 License: 8495
Last Credentialed Date: 5/23/2023
Gender: Female
205 W Water St Ste B
Kerrville, TX 78028
(830) 896-2600

Karen A Henson OD

NPI: 1891975314 License: 4484
Last Credentialed Date: 4/28/2023
Gender: Female
205 W Water St Ste B
Kerrville, TX 78028
(830) 896-2600

Anna Pham OD

NPI: 1003420126 License: 10018
Last Credentialed Date: 5/7/2021
Gender: Female
205 W Water St Ste B
Kerrville, TX 78028
(830) 896-2600

Brandon Blaker OD

NPI: 1093894230 License: 6429
Last Credentialed Date: 6/30/2023
Gender: Male
205 W Water St Ste B
Kerrville, TX 78028
(830) 896-2600

Pamela A Evans OD

NPI: 1316951056 License: 4076
Last Credentialed Date: 10/21/2020
Gender: Female
205 W Water St Ste B
Kerrville, TX 78028
(830) 896-2600

Vinh Nguyen OD

NPI: 1396126538 License: 8725
Last Credentialed Date: 6/13/2023
Gender: Male
205 W Water St Ste B
Kerrville, TX 78028
(830) 896-2600

Gladdis Thomas OD

NPI: 1225445158 License: 8505
Last Credentialed Date: 5/23/2023
Gender: Female
205 W Water St Ste B
Kerrville, TX 78028
(830) 896-2600

W Steve Kroeger OD

NPI: 1023026408 License: 2343
Last Credentialed Date: 12/30/2021
Gender: Male
205 W Water St Ste B
Kerrville, TX 78028
(830) 896-2600

Ibrahim Qattan OD

NPI: 1225531676 License: 9326
Last Credentialed Date: 6/30/2021
Gender: Male
205 W Water St Ste B
Kerrville, TX 78028
(830) 896-2600

Madelyn Nguyen OD

NPI: 1215332127 License: 8472
Last Credentialed Date: 4/9/2021
Gender: Female
205 W Water St Ste B
Kerrville, TX 78028
(830) 896-2600

Hans J Oosterbaan OD

NPI: 1245239953 License: 4526
Last Credentialed Date: 4/6/2022
Gender: Male
205 W Water St Ste B
Kerrville, TX 78028
(830) 896-2600

Jacklyn A Alaqueinez OD

NPI: 1417335175 License: 8641
Last Credentialed Date: 7/9/2021
Gender: Female
205 W Water St Ste B
Kerrville, TX 78028
(830) 896-2600

Michael Aguilera OD

NPI: 1376192831 License: 9869
Last Credentialed Date: 8/25/2022
Gender: Male
205 W Water St Ste B
Kerrville, TX 78028
(830) 896-2600

* This office has extended hours.

VSP Doctor

July 18, 2023

Search Criteria: Medina, TX, 78055

For: Ameritas - Choice Affil

By: Bobbi Bernhardt

Monica L Allison OD

NPI: 1396884201 License: 5551
Last Credentialed Date: 7/26/2021
Gender: Female
205 W Water St Ste B
Kerrville, TX 78028
(830) 896-2600

TSO Kerrville (21.37mi)

Languages Spoken: Spanish
Handicap Accessible

Heather N Anderegg OD

NPI: 1093944845 License: 7390
Last Credentialed Date: 3/22/2023
Gender: Female
237 W Water St
Kerrville, TX 78028
(830) 257-6336

Benito Pena OD

NPI: 1497945919 License: 7139
Last Credentialed Date: 9/30/2021
Gender: Male
237 W Water St
Kerrville, TX 78028
(830) 257-6336

Kayla Avirett Zachry OD

NPI: 1992169247 License: 9166
Last Credentialed Date: 5/23/2023
Gender: Female
237 W Water St
Kerrville, TX 78028
(830) 257-6336

Amanda Williamson OD

NPI: 1336678333 License: 9250
Last Credentialed Date: 4/28/2023
Gender: Female
237 W Water St
Kerrville, TX 78028
(830) 257-6336

Renee T Dunlap OD

NPI: 1558301283 License: 7303
Last Credentialed Date: 5/23/2023
Gender: Female
237 W Water St
Kerrville, TX 78028
(830) 257-6336

Vision Source (20.73mi)*

Languages Spoken: Spanish, Vietnamese

Handicap Accessible

Tobin B Tilley OD

NPI: 1215910088 License: 3397
Last Credentialed Date: 5/7/2021
Gender: Male
708 Hill Country Dr Ste 100
Kerrville, TX 78028
(830) 257-5656

Huong Trinh T Nguyen OD

NPI: 1881684306 License: 5436
Last Credentialed Date: 2/15/2022
Gender: Female
708 Hill Country Dr Ste 100
Kerrville, TX 78028
(830) 257-5656

Phillip Whitehead OD

NPI: 1952752982 License: 8950
Last Credentialed Date: 4/29/2022
Gender: Male
708 Hill Country Dr Ste 100
Kerrville, TX 78028
(830) 257-5656

Walmart 508 (21.46mi)

Handicap Accessible

Walmart Optical NA

NPI: 1205935574 License: 9999
Last Credentialed Date:
Gender: Female
1216 Junction Hwy
Kerrville, TX 78028
(830) 895-7979

Note: By using this VSP doctor list, you agree that the information it contains is protected and proprietary. Publication or sharing of the information for any purpose other than implementing the VSP vision care plan is prohibited.

All VSP doctors accept new patients. The VSP doctors and affiliate providers on this list were VSP doctors or affiliate providers at the time the list was created. However, this list is subject to change without notice. Please check with the VSP doctor or affiliate provider of your choice when making your appointment to ensure he or she provides the services you require.

Accessibility indicator based on doctor / practice reporting.

Timely Access to Care. Enrollees have the right to receive care and services in a timely manner: access to a routine eye exam within 30 calendar days; access to non-urgent medical needs within seven days; access to urgent care if the call is received during office hours, and the doctor determines the need of the member to be urgent, member should be seen within 24 hours; access to a telephone screening when evaluated to determine the severity of the condition and disposition of the patient; and access to specialty care within 14 calendar days from the time the primary care provider requests the referral.

Enrollees are entitled to language interpreter services, at no cost. For more information, please contact VSP at (800) 877.7195. For interpreter services at the time of an appointment, enrollees should tell the provider's office that they need an interpreter when scheduling their appointment.

VSP contracted providers allow full and equal access to covered services, including insureds with disabilities as required under the Federal Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

VSP continually assesses the doctor network to ensure adequate access for members. VSP's access standard is one doctor in a 10 mile radius urban / suburban and one doctor in a 25 mile radius for rural. VSP utilizes reports to analyze and determine the percentage of members that will have access to a doctor within a specified distance. VSP runs specific reports to determine if standards are being met and whether to apply appropriate interventions when gaps are identified.

VSP Network Providers are offered ongoing Cultural Competency education and training.

VSP recredentials doctors within thirty-six (36) months of the prior credentialing date[i] in accordance with state and federal requirements and NCQA guidelines.

[i] Virginia state regulations require recredentialing within 3 years of the day (date) of the prior credential.

Important Notice:

Any physician included in this directory is listed for outpatient office visits. In addition, the directory includes information regarding whether the provider is currently accepting new patients.

Directory Last Updated on 07/16/2023

* This office has extended hours.

VSP Choice with Retail Chains

Questions? Want to report an inaccuracy? Visit www.vsp.com or contact us at 800.877.7195.

FLEXIBLE SPENDING ACCOUNTS

First Financial Administrators, Inc. | www.ffga.com | 1.866.853.3539

P.O. Box 161968 | Altamonte Springs, FL 32716

MEDICAL FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$610 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$610 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$610 will be forfeited under the use-it-or-lose-it rule.

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

HIGHLIGHTS

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

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

DEPENDENT CARE FSA

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

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

HIGHLIGHTS

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

FSA RESOURCES

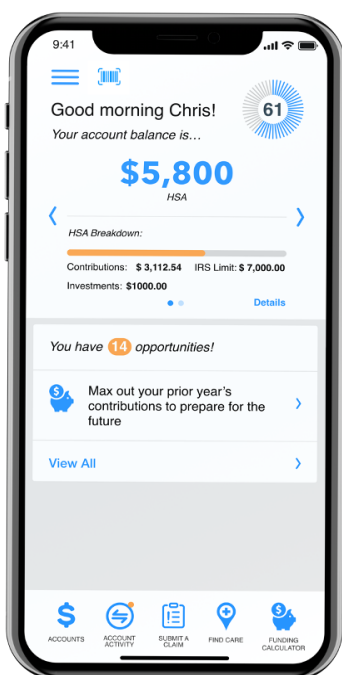
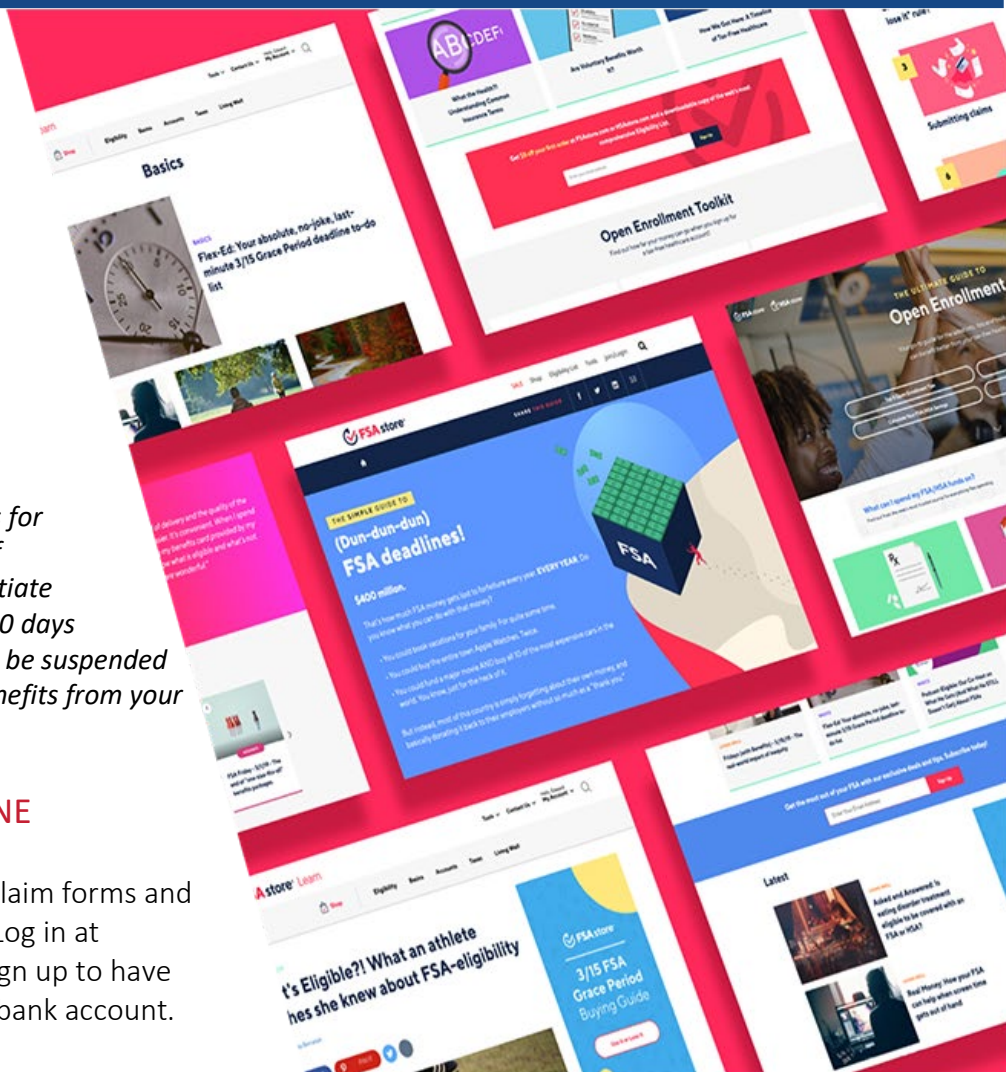
BENEFITS CARD

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

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

VIEW YOUR ACCOUNT DETAILS ONLINE

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



FF MOBILE ACCOUNT APP

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

FSA STORE

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



HEALTH SAVINGS ACCOUNTS

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

HEALTH SAVINGS ACCOUNTS

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

	2023	2024
HSA Contribution Limit	<ul style="list-style-type: none">Self Only: \$3,850Family: \$7,750	<ul style="list-style-type: none">Self Only: \$4,150Family: \$8,300
HDHP Minimum Deductibles	<ul style="list-style-type: none">Self Only: \$1,500Family: \$3,000	<ul style="list-style-type: none">Self Only: \$1,600Family: \$3,200
<i>\$1,000 catch-up contributions (age 55 or older)</i>		

HIGHLIGHTS

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

WHO CAN PARTICIPATE IN AN HSA?

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

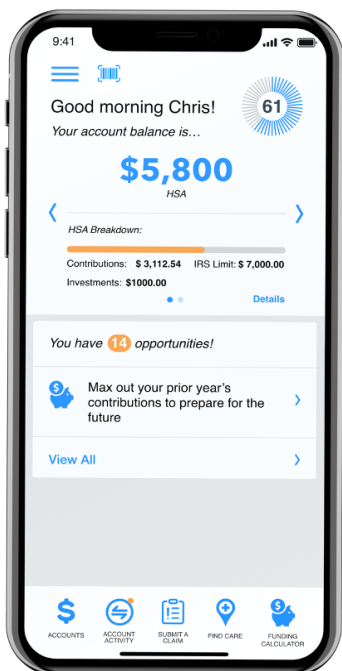
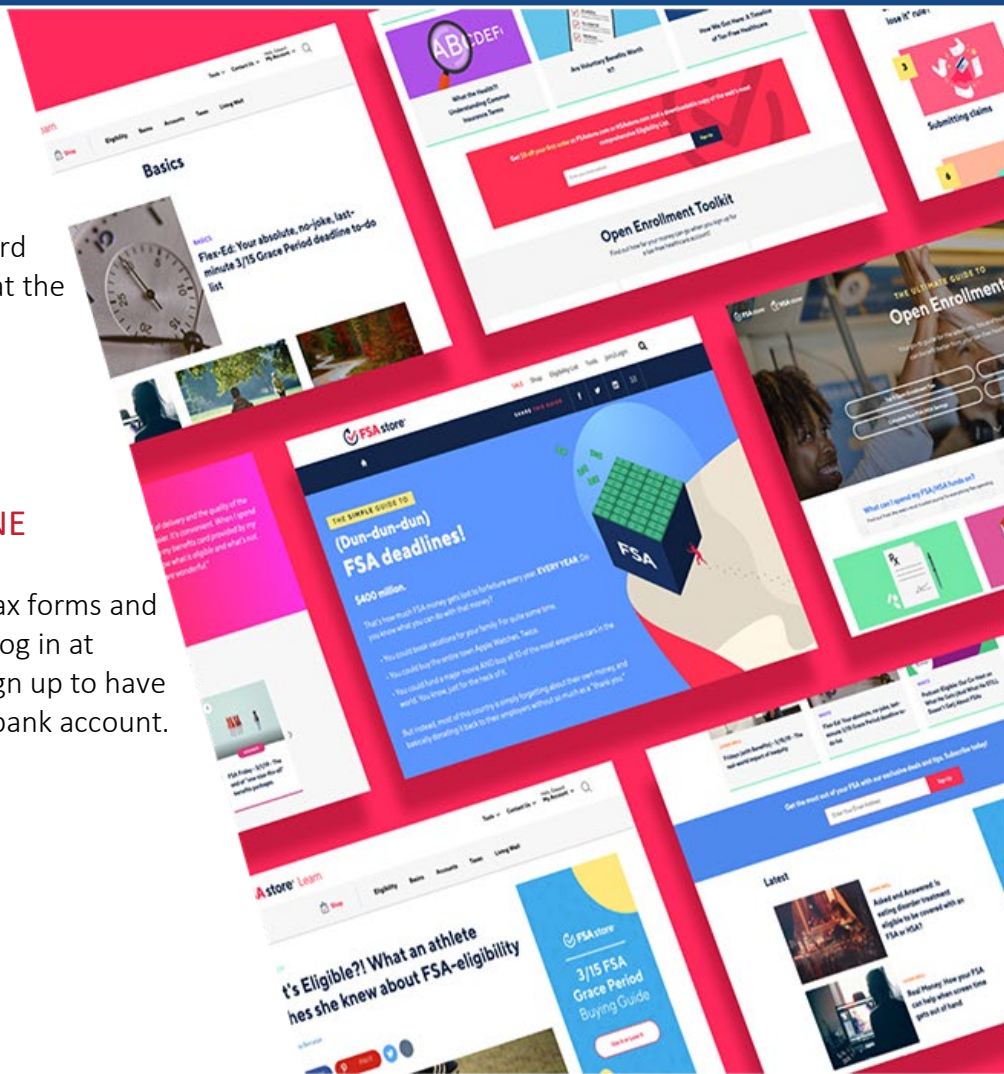
HSA RESOURCES

BENEFITS CARD

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

VIEW YOUR ACCOUNT DETAILS ONLINE

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



FF MOBILE ACCOUNT APP

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

HSA STORE

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



TERM LIFE & AD&D INSURANCE

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

EMPLOYER-PAID TERM LIFE & AD&D INSURANCE

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

VOLUNTARY TERM LIFE INSURANCE

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

TEXAS LIFE – PERMANENT LIFE

Texas Life | www.texaslife.com | 1.800.283.9233

TEXAS LIFE INSURANCE - PERMANENT, PORTABLE LIFE INSURANCE

The peace of mind voluntary, permanent life insurance provides is unmatched. It is a solid companion to your group life insurance plan. Texas Life provides life insurance that you can keep for a lifetime. The plan is easy to purchase, pay for, and keep through the convenience of payroll deduction. Coverage is affordable and dependable. Plus, Texas Life has over a century of experience protecting families and giving the peace of mind only permanent life insurance can provide.

HIGHLIGHT

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



WOW!

LIFE INSURANCE YOU CAN KEEP!

LIFE INSURANCE HIGHLIGHTS

For the employee

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

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

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

CHILDREN AND GRANDCHILDREN (TOBACCO)

with Accidental Death Rider

Grandchild coverage available through age 18.

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

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

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

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

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

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

Indicates Spouse Coverage Available

DISABILITY INSURANCE

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

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

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

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

Long-Term Disability Income Insurance

Disability income insurance is here for you.

- **Salary Protection for You and Your Loved Ones**
Provides a steady benefit to cover expenses while you are unable to work. The plan makes it easy to help protect your future income in case of a sudden injury or sickness.
- **Several Elimination Periods Available**
Based on your individual need, there are various elimination periods for you to choose from. The plan pays a percentage of your gross monthly income once you have satisfied the elimination period.
- **Benefit Payments Made Directly to You**
Your monthly benefit payments may be deposited directly into your bank account. This gives you the freedom to pay your living expenses and make other purchases as you see fit.
- **Social Security Filing Assistance**
If we determine you are a likely candidate for social security disability benefits, we can assist you with the application and appeal process.

Choose the Right Plan for You

Benefits Begin

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

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

Sickness means a disease or illness (including pregnancy). Disability must begin while your coverage is in force.

Hospital- the term "Hospital" shall not include an institution used by you as a place for rehabilitation; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative, or ambulatory patients.



In 2015, 77% of injuries requiring medical attention suffered by workers occurred off the job.

National Safety Council, Injury Facts, 2017 Edition, p. 63.



Benefits Are Payable

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

Age	Maximum Benefit Period
Less than age 60	To Social Security Normal Retirement Age (SSNRA)*
60	60 months, or to SSNRA*, whichever is greater
61	48 months, or to SSNRA*, whichever is greater
62	42 months, or to SSNRA*, whichever is greater
63	36 months, or to SSNRA*, whichever is greater
64	30 months, or to SSNRA*, whichever is greater
65	24 months, or to SSNRA*, whichever is greater
66	21 months, or to SSNRA*, whichever is greater
67	18 months, or to SSNRA*, whichever is greater
68	15 months, or to SSNRA*, whichever is greater
Age 69 or older	12 months, or to SSNRA*, whichever is greater

*Age at which you are entitled to unreduced Social Security benefits based on current Social Security Amendments.

If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary.

Policy Provisions and Plan Features

Eligibility

All permanent employees in subscribing group working 20 hours or more per week. Regarding your eligibility, we may require proof of good health and will rely on answers given on your application to determine if coverage can be issued. Regardless of your health at the time of application, if coverage is approved and issued, claims incurred while coverage is in force will be subject to all terms of the Policy including any Pre-Existing Condition limitation.

When Coverage Begins

Certificates will become effective on the requested effective date following the date we approve the application, provided you are on active employment and premium has been paid.

Physician Expense Benefit

Injury - \$150.00 per Injury
Sickness - \$50.00

If you need personal treatment by a Physician due to an Injury or Sickness, we will pay the amount shown above provided no other claim has been paid under the Policy. This benefit will be paid for Sickness only if the treatment is received during one full day of Disability during which you missed one full day of work. To be eligible for more than one payment for the same or related condition due to Sickness, you must have returned to work for at least 14 consecutive scheduled workdays. You are not required to miss one full day of work in order to receive the Injury benefit.

Accidental Death Benefit

A lump sum of \$20,000 will be paid to your designated beneficiary if you die as the direct result of an injury within 90 days after the injury.

Hospital Confinement Benefit

A Hospital Confinement Benefit will be paid each day you are confined as a patient in a Hospital due to an Injury or Sickness, for up to 60 days. The amount payable is 1 times the Disability Benefit which will be pro-rated on a daily basis. This benefit will not be reduced by Deductible Sources of Income. The Hospital confinement must be at least 18 continuous hours in duration. This benefit will begin after your satisfaction of the elimination period.

Waiver of Premium

No premium payments are required while you are receiving payments under the plan after disability payments have been received for 180 consecutive days. We will require proof annually that you remain disabled during that time.

Donor Benefit

If you are disabled as a result of being an organ or tissue donor, we will pay your benefit as any other sickness under the terms of the plan.

Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group disability income.
- Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your disability.
- State Disability.
- Unemployment compensation.
- Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 60 (Plans I, II, and III), 90 (Plan IV), and 150 (Plan V) calendar days from the date of disability.

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

Minimum Disability Benefit

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

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

Your disability payment will be the disability benefit described in the benefit schedule less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Disability or disabled for the first 12 months of disability means that you are unable to perform the material and substantial duties of your regular occupation. After that, disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

Return To Work Incentives: Disabled and Working

If you are disabled and working, you may be eligible to continue to receive a percentage of your disability payment in addition to your disability earnings. If your disability earnings exceed 80% of your monthly compensation, payments will stop and your claim will end.

- **Family Care Benefit**

If you are disabled and working and have one or more eligible family members, you may be eligible for a family care benefit. This benefit is for expenses incurred up to 25% of your monthly disability benefit. Your disability earnings, gross disability benefit, and family care benefit cannot exceed 100% of your monthly compensation. Payment of this benefit ends when you cease to be eligible for benefits under the Disabled and Working provision of the policy.

- **Worksite Accommodation**

As a part of our claims evaluation process, if worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

Policy Benefit Limitations and Exclusions



Mental Illness Limited Benefit

If you are disabled due to a mental illness, benefits will be provided for up to 2 years, not to exceed the maximum disability period.

Alcoholism and Drug Addiction Limited Benefit

If you are disabled due to alcoholism or drug addiction, a limited benefit of up to 15 days for each disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for injury or sickness, it will be covered the same as any other sickness.

Special Conditions Limited Benefit

If you are disabled due to special conditions and under the regular and appropriate care of a physician, benefits will be provided for up to 2 years. Special conditions means: chronic fatigue syndrome; fibromyalgia; any disease, disorder, accident or injury of the neck or back not resulting in hemiplegia, paraplegia, or quadriplegia; environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and self-reported symptoms. Self-reported symptoms are symptoms that the insured tells their physician that are not verifiable using tests, procedures or clinical examinations. Examples include: headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or loss of energy.

Pre-Existing Condition Limitation

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

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the Policy for 24 months.

Any increase in benefits will be subject to this pre-existing condition limitation. A new pre-existing condition period must be satisfied with respect to any increase applied for and approved by us.

Pre-existing condition means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 12 month period immediately before your effective date of coverage. The term pre-existing condition will also include conditions which are related to such disease, injury, sickness, physical condition, or mental illness.

Exclusions

The Policy does not cover any loss, fatal or non-fatal, resulting from:

- Intentionally self-inflicted injury while sane or insane.
- An act of war, declared or undeclared.
- Injury sustained or Sickness contracted while in the service of the armed forces of any country.
- Committing a felony.
- Penal incarceration. We will not pay benefits for Disability or any other loss during any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer.
- Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation.

The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements that occur via compromise and release. Further, no benefits will be paid under this Policy for any period during which you are entitled to Workers' Compensation benefits.

Your coverage may be continued for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, or your employment terminates. Your coverage can be terminated on any premium due date with 31 days advance notice. If premium rates are increased, we will provide a 60 day advance notice.



There is a **3 in 10** chance of a person suffering a disabling illness or injury that would keep them out of work for three months or more.

LIMRA: 2015 Disability Insurance Awareness Month; May 2015.

Benefit Policy Schedule

Several benefit options are available to you. You may participate in the Plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 70% of your Monthly Compensation.

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums				
			Plan I (15th)	Plan II (31st)	Plan III (61st)	Plan IV (91st)	Plan V (151st)
\$286.00 - \$428.99	\$200.00	\$20,000.00	\$7.28	\$5.80	\$4.92	\$4.16	\$3.12
\$429.00 - \$571.99	\$300.00	\$20,000.00	\$10.92	\$8.70	\$7.38	\$6.24	\$4.68
\$572.00 - \$714.99	\$400.00	\$20,000.00	\$14.56	\$11.60	\$9.84	\$8.32	\$6.24
\$715.00 - \$857.99	\$500.00	\$20,000.00	\$18.20	\$14.50	\$12.30	\$10.40	\$7.80
\$858.00 - \$999.99	\$600.00	\$20,000.00	\$21.84	\$17.40	\$14.76	\$12.48	\$9.36
\$1,000.00 - \$1,142.99	\$700.00	\$20,000.00	\$25.48	\$20.30	\$17.22	\$14.56	\$10.92
\$1,143.00 - \$1,285.99	\$800.00	\$20,000.00	\$29.12	\$23.20	\$19.68	\$16.64	\$12.48
\$1,286.00 - \$1,428.99	\$900.00	\$20,000.00	\$32.76	\$26.10	\$22.14	\$18.72	\$14.04
\$1,429.00 - \$1,571.99	\$1,000.00	\$20,000.00	\$36.40	\$29.00	\$24.60	\$20.80	\$15.60
\$1,572.00 - \$1,714.99	\$1,100.00	\$20,000.00	\$40.04	\$31.90	\$27.06	\$22.88	\$17.16
\$1,715.00 - \$1,857.99	\$1,200.00	\$20,000.00	\$43.68	\$34.80	\$29.52	\$24.96	\$18.72
\$1,858.00 - \$1,999.99	\$1,300.00	\$20,000.00	\$47.32	\$37.70	\$31.98	\$27.04	\$20.28
\$2,000.00 - \$2,142.99	\$1,400.00	\$20,000.00	\$50.96	\$40.60	\$34.44	\$29.12	\$21.84
\$2,143.00 - \$2,285.99	\$1,500.00	\$20,000.00	\$54.60	\$43.50	\$36.90	\$31.20	\$23.40
\$2,286.00 - \$2,428.99	\$1,600.00	\$20,000.00	\$58.24	\$46.40	\$39.36	\$33.28	\$24.96
\$2,429.00 - \$2,571.99	\$1,700.00	\$20,000.00	\$61.88	\$49.30	\$41.82	\$35.36	\$26.52
\$2,572.00 - \$2,714.99	\$1,800.00	\$20,000.00	\$65.52	\$52.20	\$44.28	\$37.44	\$28.08
\$2,715.00 - \$2,857.99	\$1,900.00	\$20,000.00	\$69.16	\$55.10	\$46.74	\$39.52	\$29.64
\$2,858.00 - \$2,999.99	\$2,000.00	\$20,000.00	\$72.80	\$58.00	\$49.20	\$41.60	\$31.20
\$3,000.00 - \$3,142.99	\$2,100.00	\$20,000.00	\$76.44	\$60.90	\$51.66	\$43.68	\$32.76
\$3,143.00 - \$3,285.99	\$2,200.00	\$20,000.00	\$80.08	\$63.80	\$54.12	\$45.76	\$34.32
\$3,286.00 - \$3,428.99	\$2,300.00	\$20,000.00	\$83.72	\$66.70	\$56.58	\$47.84	\$35.88
\$3,429.00 - \$3,571.99	\$2,400.00	\$20,000.00	\$87.36	\$69.60	\$59.04	\$49.92	\$37.44
\$3,572.00 - \$3,714.99	\$2,500.00	\$20,000.00	\$91.00	\$72.50	\$61.50	\$52.00	\$39.00
\$3,715.00 - \$3,857.99	\$2,600.00	\$20,000.00	\$94.64	\$75.40	\$63.96	\$54.08	\$40.56
\$3,858.00 - \$3,999.99	\$2,700.00	\$20,000.00	\$98.28	\$78.30	\$66.42	\$56.16	\$42.12
\$4,000.00 - \$4,142.99	\$2,800.00	\$20,000.00	\$101.92	\$81.20	\$68.88	\$58.24	\$43.68
\$4,143.00 - \$4,285.99	\$2,900.00	\$20,000.00	\$105.56	\$84.10	\$71.34	\$60.32	\$45.24
\$4,286.00 - \$4,428.99	\$3,000.00	\$20,000.00	\$109.20	\$87.00	\$73.80	\$62.40	\$46.80
\$4,429.00 - \$4,571.99	\$3,100.00	\$20,000.00	\$112.84	\$89.90	\$76.26	\$64.48	\$48.36
\$4,572.00 - \$4,714.99	\$3,200.00	\$20,000.00	\$116.48	\$92.80	\$78.72	\$66.56	\$49.92
\$4,715.00 - \$4,857.99	\$3,300.00	\$20,000.00	\$120.12	\$95.70	\$81.18	\$68.64	\$51.48
\$4,858.00 - \$4,999.99	\$3,400.00	\$20,000.00	\$123.76	\$98.60	\$83.64	\$70.72	\$53.04
\$5,000.00 - \$5,142.99	\$3,500.00	\$20,000.00	\$127.40	\$101.50	\$86.10	\$72.80	\$54.60
\$5,143.00 - \$5,285.99	\$3,600.00	\$20,000.00	\$131.04	\$104.40	\$88.56	\$74.88	\$56.16
\$5,286.00 - \$5,428.99	\$3,700.00	\$20,000.00	\$134.68	\$107.30	\$91.02	\$76.96	\$57.72
\$5,429.00 - \$5,571.99	\$3,800.00	\$20,000.00	\$138.32	\$110.20	\$93.48	\$79.04	\$59.28

Benefit Policy Schedule (continued)

Several benefit options are available to you. You may participate in the Plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 70% of your Monthly Compensation.

Monthly Salary	Monthly Disability Benefit	Accidental Death Benefit	Monthly Premiums				
			Plan I (15th)	Plan II (31st)	Plan III (61st)	Plan IV (91st)	Plan V (151st)
\$5,572.00 - \$5,714.99	\$3,900.00	\$20,000.00	\$141.96	\$113.10	\$95.94	\$81.12	\$60.84
\$5,715.00 - \$5,857.99	\$4,000.00	\$20,000.00	\$145.60	\$116.00	\$98.40	\$83.20	\$62.40
\$5,858.00 - \$5,999.99	\$4,100.00	\$20,000.00	\$149.24	\$118.90	\$100.86	\$85.28	\$63.96
\$6,000.00 - \$6,142.99	\$4,200.00	\$20,000.00	\$152.88	\$121.80	\$103.32	\$87.36	\$65.52
\$6,143.00 - \$6,285.99	\$4,300.00	\$20,000.00	\$156.52	\$124.70	\$105.78	\$89.44	\$67.08
\$6,286.00 - \$6,428.99	\$4,400.00	\$20,000.00	\$160.16	\$127.60	\$108.24	\$91.52	\$68.64
\$6,429.00 - \$6,571.99	\$4,500.00	\$20,000.00	\$163.80	\$130.50	\$110.70	\$93.60	\$70.20
\$6,572.00 - \$6,714.99	\$4,600.00	\$20,000.00	\$167.44	\$133.40	\$113.16	\$95.68	\$71.76
\$6,715.00 - \$6,857.99	\$4,700.00	\$20,000.00	\$171.08	\$136.30	\$115.62	\$97.76	\$73.32
\$6,858.00 - \$6,999.99	\$4,800.00	\$20,000.00	\$174.72	\$139.20	\$118.08	\$99.84	\$74.88
\$7,000.00 - \$7,142.99	\$4,900.00	\$20,000.00	\$178.36	\$142.10	\$120.54	\$101.92	\$76.44
\$7,143.00 - \$7,285.99	\$5,000.00	\$20,000.00	\$182.00	\$145.00	\$123.00	\$104.00	\$78.00
\$7,286.00 - \$7,428.99	\$5,100.00	\$20,000.00	\$185.64	\$147.90	\$125.46	\$106.08	\$79.56
\$7,429.00 - \$7,571.99	\$5,200.00	\$20,000.00	\$189.28	\$150.80	\$127.92	\$108.16	\$81.12
\$7,572.00 - \$7,714.99	\$5,300.00	\$20,000.00	\$192.92	\$153.70	\$130.38	\$110.24	\$82.68
\$7,715.00 - \$7,857.99	\$5,400.00	\$20,000.00	\$196.56	\$156.60	\$132.84	\$112.32	\$84.24
\$7,858.00 - \$7,999.99	\$5,500.00	\$20,000.00	\$200.20	\$159.50	\$135.30	\$114.40	\$85.80
\$8,000.00 - \$8,142.99	\$5,600.00	\$20,000.00	\$203.84	\$162.40	\$137.76	\$116.48	\$87.36
\$8,143.00 - \$8,285.99	\$5,700.00	\$20,000.00	\$207.48	\$165.30	\$140.22	\$118.56	\$88.92
\$8,286.00 - \$8,428.99	\$5,800.00	\$20,000.00	\$211.12	\$168.20	\$142.68	\$120.64	\$90.48
\$8,429.00 - \$8,571.99	\$5,900.00	\$20,000.00	\$214.76	\$171.10	\$145.14	\$122.72	\$92.04
\$8,572.00 - \$8,713.99	\$6,000.00	\$20,000.00	\$218.40	\$174.00	\$147.60	\$124.80	\$93.60
\$8,714.00 - \$8,856.99	\$6,100.00	\$20,000.00	\$222.04	\$176.90	\$150.06	\$126.88	\$95.16
\$8,857.00 - \$8,999.99	\$6,200.00	\$20,000.00	\$225.68	\$179.80	\$152.52	\$128.96	\$96.72
\$9,000.00 - \$9,142.99	\$6,300.00	\$20,000.00	\$229.32	\$182.70	\$154.98	\$131.04	\$98.28
\$9,143.00 - \$9,285.99	\$6,400.00	\$20,000.00	\$232.96	\$185.60	\$157.44	\$133.12	\$99.84
\$9,286.00 - \$9,428.99	\$6,500.00	\$20,000.00	\$236.60	\$188.50	\$159.90	\$135.20	\$101.40
\$9,429.00 - \$9,570.99	\$6,600.00	\$20,000.00	\$240.24	\$191.40	\$162.36	\$137.28	\$102.96
\$9,571.00 - \$9,713.99	\$6,700.00	\$20,000.00	\$243.88	\$194.30	\$164.82	\$139.36	\$104.52
\$9,714.00 - \$9,856.99	\$6,800.00	\$20,000.00	\$247.52	\$197.20	\$167.28	\$141.44	\$106.08
\$9,857.00 - \$9,999.99	\$6,900.00	\$20,000.00	\$251.16	\$200.10	\$169.74	\$143.52	\$107.64
\$10,000.00 - \$10,142.99	\$7,000.00	\$20,000.00	\$254.80	\$203.00	\$172.20	\$145.60	\$109.20
\$10,143.00 - \$10,285.99	\$7,100.00	\$20,000.00	\$258.44	\$205.90	\$174.66	\$147.68	\$110.76
\$10,286.00 - \$10,428.99	\$7,200.00	\$20,000.00	\$262.08	\$208.80	\$177.12	\$149.76	\$112.32
\$10,429.00 - \$10,570.99	\$7,300.00	\$20,000.00	\$265.72	\$211.70	\$179.58	\$151.84	\$113.88
\$10,571.00 - \$10,713.99	\$7,400.00	\$20,000.00	\$269.36	\$214.60	\$182.04	\$153.92	\$115.44
\$10,714.00 - And Over	\$7,500.00	\$20,000.00	\$273.00	\$217.50	\$184.50	\$156.00	\$117.00

Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

This rider is designed to pay a daily benefit amount for a Hospital Confinement, up to a maximum of 90 days, if you are confined to a Hospital.

Summary of Hospital Indemnity Limited Benefit Rider Benefits:

Benefits are not payable for Injury or Sickness incurred in the first 12 months of coverage due to a pre-existing condition as defined in the base policy. Patient must be confined to a Hospital for a minimum of 18 hours and charged room and board.

Hospital Indemnity Limited Benefit Rider	
Daily Benefit Amount	Monthly Premium
\$100.00	\$6.00
\$150.00	\$9.00

Spousal Accident Only Disability Benefit Rider

This rider is designed to provide a monthly benefit if your spouse suffers a Disability due to a non-occupational accident.

Summary of Accident Only Spousal Benefit Rider Benefits:

Pays a monthly benefit amount to you for your spouse who is disabled as a result of a non-occupational accident. Benefits begin on the 31st consecutive day after the Injury and will continue for up to two years.

Spousal Accident Only Disability Benefit Rider		
Monthly Benefit Amount	Annual Salary	Monthly Premium
\$500.00	up to \$10,000.00	\$4.00
\$1,000.00	\$10,001.00 - \$20,000.00	\$8.00
\$1,500.00	\$20,001.00 - \$30,000.00	\$12.00
\$2,000.00	\$30,001.00 and over.	\$16.00

COBRA Funding Rider

This rider is designed to help cover the cost of COBRA premiums if you elect COBRA coverage while you are receiving Disability Benefits.

Summary of COBRA Funding Rider Benefits:

In order to receive benefits under this Rider, you must: be receiving benefits under your Disability base plan; elect medical COBRA coverage; and be paying medical COBRA premiums. This benefit will pay up to the end of the disability benefit period or to the end of your medical COBRA benefit period, whichever occurs first.

COBRA Funding Rider	
Monthly Benefit Amount	Monthly Premium
\$300.00	\$4.50
\$600.00	\$9.00

Survivor Benefit Rider

This rider is designed to provide a benefit to your beneficiary or estate, if you die while receiving Disability Benefits.

Summary of Survivor Benefit Rider Benefits:

Benefits are payable if you have been disabled and not working for at least 90 days, and die while receiving Disability Benefits. Pays a monthly benefit up to one year or until the maximum disability period is exhausted, whichever occurs first.

Survivor Benefit Rider	
Monthly Benefit Amount	Monthly Premium
\$2,000.00	\$6.80

Critical Illness Benefit Rider

This rider is designed to provide a lump sum benefit based on diagnosis of a certain critical illness.

Summary of Critical Illness Benefit Rider Benefits:

Benefits are payable at a one-time lump sum benefit amount based on diagnosis of the following conditions Heart Attack, Stroke, Kidney Failure, Paralysis, or Major Organ Failure. In the case of Heart Attack, a physician must make the diagnosis and treatment must occur within 72 hours of the onset of symptoms.

Critical Illness Benefit Rider	
Benefit Amount	Monthly Premium
\$10,000.00	\$9.80
\$15,000.00	\$13.18
\$20,000.00	\$16.56
\$25,000.00	\$19.94

CRITICAL ILLNESS INSURANCE

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

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.

Group Critical Illness Insurance

Critical Illness insurance is here for you.

Surviving a critical illness, such as a heart attack or stroke, is becoming increasingly common with new medical technology. However, with advances in technology to treat these diseases, the cost of treatment rises more and more every year. Although many medical plans provide coverage for hospital stays and medical expenses arising from a critical illness, there are still out-of-pocket expenses that can affect anyone's finances.

Co-pays, transportation expenses, and lost income should be the last thing you or your family worries about if a critical illness were to occur. American Fidelity Assurance Company's Limited Benefit Group Critical Illness Insurance can help cover your out-of-pocket medical expenses and allow your family to focus on recovery.



17% of total healthcare costs are paid out-of-pocket.¹

About every 40 seconds, an American will suffer a heart attack.² American Fidelity's Group Critical Illness Insurance can help with the rising cost of treatment for a covered Critical Illness such as heart attack or stroke.



How It Works

If you are diagnosed with a covered Critical Illness, such as a heart attack or stroke, this plan is designed to pay a lump sum benefit amount to help cover expenses. In addition, certain specified Critical Illnesses that reoccur will allow for an additional benefit.

American Fidelity's Critical Illness Insurance features:

- Benefits paid directly to you, to be used however you see fit.
- No required medical exams as part of the application process.
- Guaranteed Issue benefit amounts may be available for first time eligible employees and spouse.
- Extends coverage to dependent children at no additional cost.
- Compatible with a Health Savings Account.

Coverage is available for you and your lawful spouse at determined benefit amounts and for your eligible child(ren), as defined in the policy, at 25% of the employees benefit amount.

WELLNESS SCREENING BENEFIT

This benefit covers several qualified tests, including, but not limited to,

- Electrocardiogram (EKG) • Stress Test
- Blood Glucose Testing • Echocardiogram

HEALTH SCREENING BENEFIT

(per calendar year per
Covered Employee and Covered Spouse)

\$100

If you reside in a state other than your employer's state of domicile, where required by law, policy provisions and benefits may vary.

¹2017 Milliman Medical Index; May 2017, p.9.

²American Heart Association: Heart Disease and Stroke Statistics 2017 At-a-Glance, p.2 September 2017.

Group Critical Illness Insurance

Schedule of Benefits

Knowing everyone's financial situation is different, American Fidelity offers multiple lump sum benefit amounts. Depending on the plan selected by your employer, the following Benefit Amounts may be available. The Employee Benefit Amounts can range from \$10,000 to \$30,000 in \$5,000 increments. If elected, Spousal Benefit Amounts will be 50% of the Employee Benefit Amount.

Critical Illness Benefits

Pays once per Covered Person for each Critical Illness shown below.

	Benefit Percentage	Recurrent Diagnosis Benefit
Heart Attack Benefit Pays full lump sum benefit amount.	100%	50%
Coronary Artery Bypass Surgery Pays 25% of benefit amount. Payment will reduce the Heart Attack Benefit.	25%	—
Stroke Benefit (Permanent damage due to a Stroke) Pays full lump sum benefit amount.	100%	50%
Paralysis Benefit (Permanent due to a Covered Accident) Pays full lump sum benefit amount.	100%	—
Major Organ Failure Benefit Pays full lump sum benefit amount.	100%	50%
End Stage Renal Failure Benefit Pays full lump sum benefit amount.	100%	—

Plan Benefit Highlights

Wellness Screening Benefit

Pays \$100 when a Covered Employee or Covered Spouse receives a covered Health Screening Test. This benefit covers several qualified tests, including, but not limited to: Blood test for triglycerides, Doppler ultrasound, Echocardiogram, Electrocardiogram (EKG), Fasting blood glucose test, Serum cholesterol test to determine HDL and LDL levels, Exercise or Pharmacologic stress test, and Neuroimaging studies. This policy pays for one test per Covered Employee and one test per Covered Spouse per Calendar Year regardless of the number of tests received during the Calendar Year. This benefit is available without a diagnosis of a Critical Illness. This benefit does not reduce the Critical Illness lump sum benefit amount.

Critical Illness Benefit

Pays once per Covered Person for each Critical Illness. Each Critical Illness must be separated by at least 90 days following the first Critical Illness Occurrence Date.

Heart Attack

Pays following a Heart Attack due to Coronary Artery Disease. Any previous amounts paid for a Coronary Artery Bypass Surgery will be deducted from the amount payable under this benefit.

A Heart Attack is not congestive heart failure, atherosclerotic heart disease, angina, cardiac arrest, or any other disease or injury involving the cardiovascular system.

Coronary Artery Bypass Surgery

Pays following open heart surgery performed by a Physician to correct Coronary Artery Disease with bypass grafts. Coronary Artery Bypass Surgery does not include balloon angioplasty, laser angioplasty, stenting, valve replacement surgery, or procedures other than Coronary Artery Bypass Surgery.

Stroke (Permanent Damage Due To A Stroke)

Pays following permanent neurological damage to the brain due to a Stroke which results from an acute or sub-acute interruption of blood flow to brain tissue as defined in the policy. Permanent Damage due to a Stroke does not include Transient Ischemic Attacks (TIA).

Paralysis (Permanent Due To A Covered Accident)

Injuries to the spinal cord due to a Covered Accident, which result in the loss of use of two or more limbs. Paralysis must be diagnosed as permanent, total, and irreversible.

Major Organ Failure

Pays following the date the Covered Person is placed on the United Network for Organ Sharing (UNOS) list for a transplant of the heart, liver, lung, or entire pancreas.

End Stage Renal Failure

Pays following the Occurrence Date of End Stage Renal Failure resulting in irreversible failure of both kidneys to function and which requires regular dialysis or renal transplantation to sustain life.



Group Critical Illness Insurance

Limited Benefit Group Critical Illness

Extends coverage to dependent children at no additional cost.

EMPLOYEE MONTHLY RATES

	\$10,000		\$15,000		\$20,000		\$25,000		\$30,000	
AGE	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$4.76	\$6.76	\$5.82	\$8.84	\$6.90	\$10.92	\$7.98	\$13.02	\$9.06	\$15.10
30-39	\$6.72	\$9.90	\$8.80	\$13.54	\$10.86	\$17.18	\$12.92	\$20.82	\$15.00	\$24.46
40-49	\$11.18	\$16.90	\$15.46	\$24.06	\$19.74	\$31.18	\$24.04	\$38.34	\$28.32	\$45.50
50-59	\$17.56	\$27.04	\$25.04	\$39.24	\$32.52	\$51.46	\$40.00	\$63.68	\$47.46	\$75.90
60 & Over	\$27.88	\$43.44	\$40.54	\$63.88	\$53.18	\$84.28	\$65.84	\$104.70	\$78.48	\$125.14

SPOUSE MONTHLY RATES

	\$5,000		\$7,500		\$10,000		\$12,500		\$15,000	
AGE	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco
18-29	\$3.38	\$4.92	\$3.76	\$6.08	\$4.16	\$7.26	\$4.56	\$8.42	\$4.94	\$9.58
30-39	\$4.56	\$7.00	\$5.54	\$9.22	\$6.54	\$11.42	\$7.50	\$13.62	\$8.48	\$15.82
40-49	\$7.24	\$11.68	\$9.56	\$16.22	\$11.86	\$20.76	\$14.18	\$25.30	\$16.50	\$29.82
50-59	\$11.10	\$18.42	\$15.36	\$26.34	\$19.60	\$34.26	\$23.86	\$42.16	\$28.10	\$50.08
60-69	\$17.36	\$29.34	\$24.72	\$42.72	\$32.10	\$56.08	\$39.48	\$69.44	\$46.84	\$82.80

This insert must be used in conjunction with SB-32278(FF) and any state specific deviations thereof.

AMERICAN FIDELITY
a different opinion

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800-654-8489 • americanfidelity.com

First Financial Group of America
First in Service and Expertise

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G925 Series AFES

ACCIDENT INSURANCE

Aflac | <http://www.aflacgroupinsurance.com> | 1.800.433.3036

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

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

ACCIDENT MONTHLY PREMIUMS	
EMPLOYEE ONLY	\$17.29
EMPLOYEE + SPOUSE	\$24.57
EMPLOYEE + CHILD(REN)	\$29.25
EMPLOYEE + FAMILY	\$38.22

For more information contact Finley Financial at 1.830.896.4400

**MEDINA ISD**

Rate sheet prepared by Web User on 5/17/2023 9:40:55 AM.
Texas Payroll Premium rates are Monthly for industry Class A.

The rates shown on this insert page are for illustration purposes only; they do not imply coverage.
For more information about policy/plan benefits and limitations, please refer to the accompanying
product brochure for each insurance policy/plan listed below.

Accident Advantage - 24-HOUR ACCIDENT OPTION 2 - Series A36000

	Premium	Total
18-75 INDIVIDUAL	\$17.29	\$17.29
18-75 NAMED INSURED/SPOUSE	\$24.57	\$24.57
18-75 ONE-PARENT FAMILY	\$29.25	\$29.25
18-75 TWO-PARENT FAMILY	\$38.22	\$38.22

CANCER PROTECTION ASSURANCE PLAN LEVEL 1 - Series B70100

	Premium	IDR* (5 units)	Total
18-75 INDIVIDUAL	\$16.59	\$5.95	\$22.54
18-75 INSURED/SPOUSE	\$26.35	\$14.05	\$40.40
18-75 ONE-PARENT FAMILY	\$16.59	\$5.95	\$22.54
18-75 TWO-PARENT FAMILY	\$26.35	\$14.05	\$40.40

IDR* = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units

CANCER INSURANCE

Aflac | <http://www.aflacgroupinsurance.com> | 1.800.433.3036

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

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

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

CANCER MONTHLY PREMIUMS			
	PREMIUM	IDR* (5 UNITS)	TOTAL
EMPLOYEE ONLY	\$16.59	\$5.95	\$22.54
EMPLOYEE + SPOUSE	\$26.35	\$14.05	\$40.40
EMPLOYEE + CHILD(REN)	\$16.59	\$5.95	\$22.54
EMPLOYEE + FAMILY	\$26.35	\$14.05	\$40.40

IDR* = Option Initial Diagnosis Rider (Series B70050) premium 1-5 units

For more information contact Finley Financial at 1.830.896.4400

**MEDINA ISD**

Rate sheet prepared by Web User on 5/17/2023 9:40:55 AM.
Texas Payroll Premium rates are Monthly for industry Class A.

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product brochure for each insurance policy/plan listed below.

Accident Advantage - 24-HOUR ACCIDENT OPTION 2 - Series A36000

	Premium	Total
18-75 INDIVIDUAL	\$17.29	\$17.29
18-75 NAMED INSURED/SPOUSE	\$24.57	\$24.57
18-75 ONE-PARENT FAMILY	\$29.25	\$29.25
18-75 TWO-PARENT FAMILY	\$38.22	\$38.22

CANCER PROTECTION ASSURANCE PLAN LEVEL 1 - Series B70100

	Premium	IDR* (5 units)	Total
18-75 INDIVIDUAL	\$16.59	\$5.95	\$22.54
18-75 INSURED/SPOUSE	\$26.35	\$14.05	\$40.40
18-75 ONE-PARENT FAMILY	\$16.59	\$5.95	\$22.54
18-75 TWO-PARENT FAMILY	\$26.35	\$14.05	\$40.40

IDR* = Optional Initial Diagnosis Rider (Series B70050) premium 1-5 units

MEDICAL TRANSPORT

MASA MTS | <http://www.masamts.com> | 1.954334.8261
For more information contact Finley Financial at 1.830.896.400

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

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

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

MEDICAL TRANSPORT MONTHLY PREMIUMS		
	EMERGENT PLUS	PLATINUM
EMPLOYEE ONLY	\$14	\$39
EMPLOYEE + FAMILY	\$14	\$39

For more information contact Finley Financial at 1.830.896.4400



EMERGENCY TRANSPORTATION COSTS

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

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

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



HOW MASA IS DIFFERENT

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

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

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

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



**Any Ground. Any Air.
Anywhere.™**

OUR BENEFITS

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

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

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



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

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

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

830-377-8637 | Jfloyd@masamts.com
956-252-6818 / Bcalahan@masamts.com

EVERY FAMILY DESERVES A MASA MEMBERSHIP

403(b) RETIREMENT PLANS

Finley Financial | Curtis M. Finley, Financial Advisor
| www.finleyfinancialservices.com | 1.830.896.4400

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

HOW A 403(B) WORKS

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

BENEFITS

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

CONTRIBUTION LIMITS

In 2023, you can contribute 100 percent of your includible compensation up to \$22,500, whichever is less. If you are age 50 or older, you can contribute up to an additional \$7,500 for a total of \$30,000. *All investing involves risk. Past performance is not a guarantee of future returns.*

COBRA

First Financial Administrators, Inc. | www.ffga.com | 1.800.523.8422, option 4

Life is full of unexpected events that may impact your health insurance coverage. Under the Consolidated Omnibus Budget Reconciliation Act, better known as COBRA, you have the right to continue your group health coverage such as medical, dental, vision insurance and flexible spending accounts for a limited period of time.

HIGHLIGHTS

- Temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work, divorce, death or a child no longer qualifying as a dependent. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.
- Either you or your family member are responsible for notifying your employer of a divorce, legal separation or child losing dependent status within 60 days of the event. In the case of termination, death or reduction in hours, your employer will be responsible for letting the provider know that you have the right to continue coverage under COBRA.
- Benefits will remain identical to what you had while employed. However, you will be responsible for paying the full premium, plus any applicable fees.

CLEVER RX

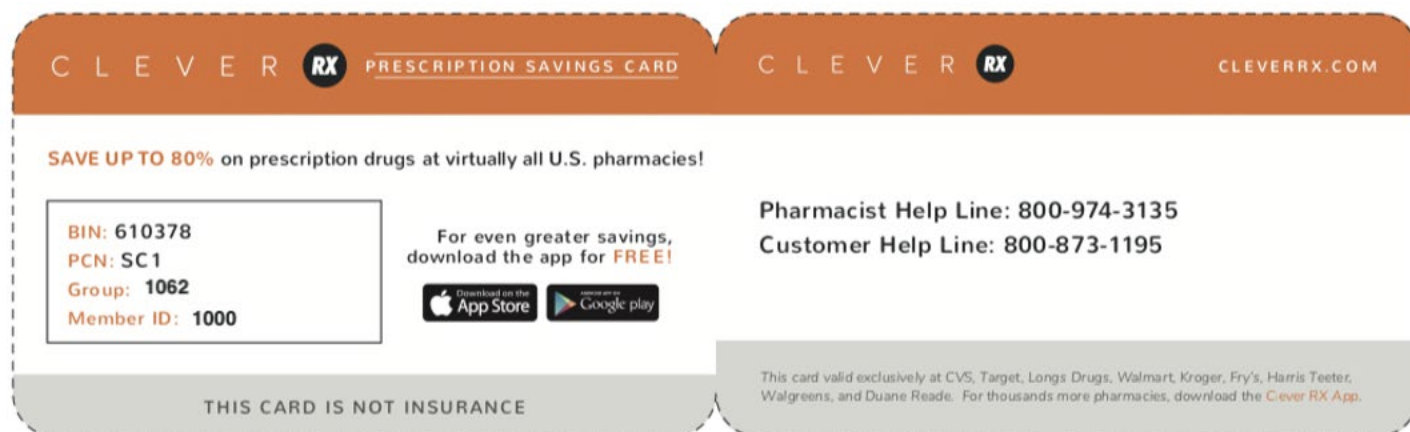
Clever RX | <https://partner.cleverrx.com/ffga> | 1.800.873.1195

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

HIGHLIGHTS

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

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



CONTACT INFORMATION

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One Bobcat Lane | Medina, TX 78055

830.589.2855

<https://www.medinaisd.org/>

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FIRST FINANCIAL GROUP OF AMERICA

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CONTACTS

BENEFIT	CARRIER	WEBSITE	PHONE
Medical	BCBS	https://www.bcbstx.com/trsactivecare	(866) 355-5999
Dental	Ameritas	http://www.ameritas.com	(800) 487-5553
Vision	Ameritas	http://www.ameritas.com	(800) 487-5553
Flexible Spending Accounts	FFGA FSA Department	https://ffa.wealthcareportal.com/Page/Home	(866) 853-3539
Health Savings Accounts	FFGA HSA Department	https://ffa.wealthcareportal.com/Page/Home	(866) 853-3539
Term Life & AD&D	BCBS	www.bcbstx.com/ancillary	(877) 442-4207
Permanent Life Insurance	Texas Life	www.texaslife.com	(800) 283-9233
Long Term Disability	American Fidelity	http://americanfidelity.com	(800) 654-8489
Critical Illness Insurance	American Fidelity	http://americanfidelity.com	(800) 654-8489
Accident Only Insurance	Aflac	http://www.aflacgroupinsurance.com	(800) 433-3036
Cancer Insurance	Aflac	http://www.aflacgroupinsurance.com	(800) 433-3036
Medical Transport	MASA MTS	http://www.masamts.com	(954) 334-8261
403 (b) Retirement Plans	Finley Financial	www.finleyfinancialservices.com	(830) 896.4400
COBRA	First Financial Administrators, Inc.	www.ffga.com	(800) 523-8422, option 4
Prescription Drug Savings	Clever RX	https://partner.cleverrx.com/ffga	(800) 974-3135