

Schertz-Cibolo-Universal City ISD  
2025

# BENEFITS GUIDE



Thomas Marroquin  
Account Manager  
512-707-9666

[thomas.marroquin@ffga.com](mailto:thomas.marroquin@ffga.com)



[fbenefits.ffga.com/scucisd](https://fbenefits.ffga.com/scucisd)

Jackie Portela  
210-945-6216  
[jportela@scuc.txed.net](mailto:jportela@scuc.txed.net)

# Contents

- [EMPLOYEE BENEFITS CENTER](#)
- [HOW TO ENROLL](#)
- [BENEFIT ELIGIBILITY & COVERAGE](#)
- [SECTION 125 PLANS](#)
- [MEDICAL](#)
- [DENTAL](#)
- [VISION](#)
- [FSA](#)
- [HSA](#)
- [FSA & HSA RESOURCES](#)
- VOLUNTARY SUPPLEMENTAL INSURANCE PRODUCTS
  - [TERM LIFE & AD&D](#)
  - [TEXAS LIFE](#)
  - [DISABILITY INSURANCE](#)
  - [CANCER INSURANCE](#)
  - [CRITICAL ILLNESS INSURANCE](#)
  - [ACCIDENT ONLY INSURANCE](#)
  - [MEDICAL TRANSPORT](#)
  - [LEGAL PLAN](#)
  - [IDENTITY THEFT](#)
  - [VOLUNTARY RETIREMENT PLANS](#)
  - [HOSPITAL INDEMNITY INSURANCE](#)
  - [COBRA](#)
- [CLEVER RX](#)

## [BENEFIT CONTACT INFORMATION](#)

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

# Employee Benefits Center

## A guide to your benefits!

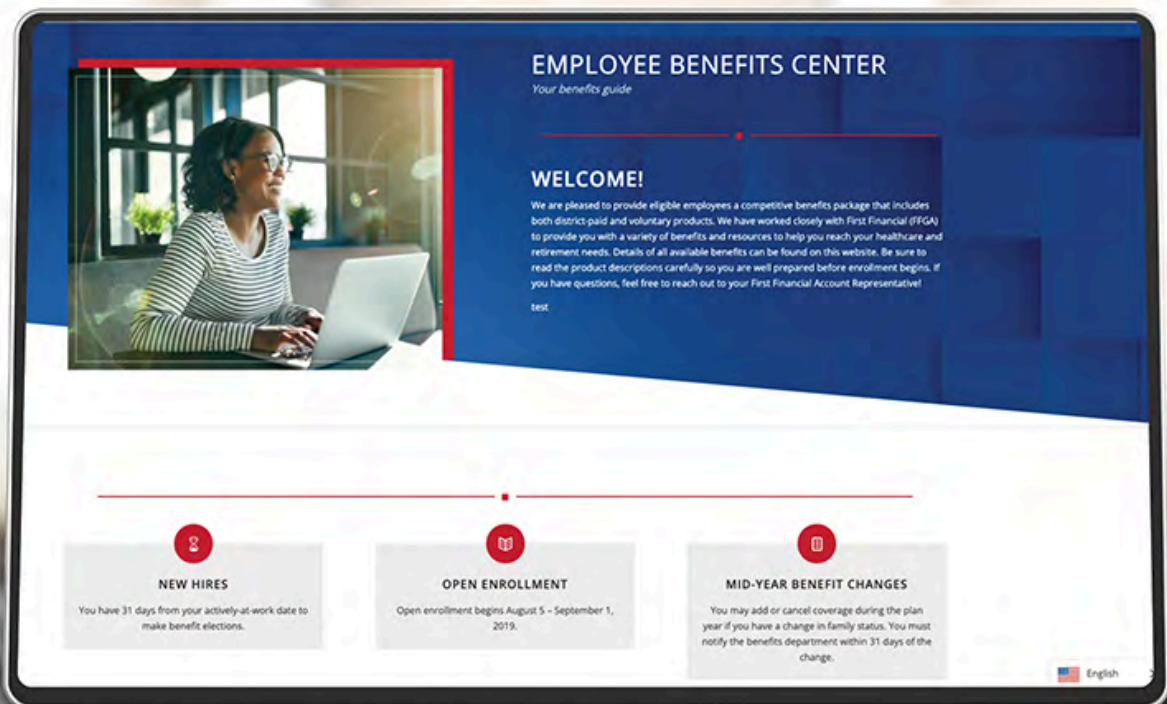
Schertz Cibolo Universal City ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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



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

[ffbenefits.ffga.com/scucisd](https://ffbenefits.ffga.com/scucisd)



# How to Enroll

## Benefits Enrollment

### Over-The-Phone-Enrollment

If you would like for an agent to call you to enroll, please visit the EBC and click on "Time-tap" to schedule a call when it is a convenient time for you.

### Online Enrollment

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

**Enroll Now**

#### Login & PIN

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

#### View Current Benefits

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

#### View/Add Dependents

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

#### Begin Elections

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

# Benefit Eligibility & Coverage

## Employee Coverage

### Eligibility

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

### Dependent Eligibility

If you apply for coverage for yourself, you may also elect coverage for any of your eligible dependents. Eligible Dependents include one or more of the following:

- Spouses and Common Law Spouses
- A child through the age of 26
- A child is defined as your natural child, legally adopted child, stepchild, and any child for whom you are the court appointed guardian
- A child of any age who is medically certified a disabled and dependent on the parent for support and maintenance

### New Employees

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

### Existing Employees

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

### Mid-year Benefit Changes

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

### Qualifying Life Events Include:

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

### Declining Coverage

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

# Section 125 Plans

## Section 125 Plan Information & Rules

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

### Here’s How It Works

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

### Is It Right For Me?

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

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

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

Section 125 Plan Sample Paycheck		
	Without S125	With S125
Monthly Salary	\$2,000	\$2,000
Less Medical Deductions	-N/A	-\$250
Tax Gross Income	\$2,000	\$1,750
Less Taxes (Fed/State at 20%)	-\$400	-\$350
Less Estimated FICA (7.65%)	-\$153	-\$133
Less Medical Deductions	-\$250	-N/A
Take Home Pay	\$1,197	\$1,267

**You could save \$70 per month in taxes by paying for your benefits on a pre-tax basis!**

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

# Aetna Medical Premiums

Medical Monthly Premiums			
	Baptist ACO	Open Access Aetna Select H.S.A.	Choice POS II
Employee Only	\$72.29	\$84.14	\$304.71
Employee + Spouse	\$568.80	\$595.08	\$1,084.02
Employee + Children	\$368.33	\$389.19	\$788.79
Employee + Family	\$1,029.61	\$1,070.70	\$1,835.33



# MEDICAL

## AETNA

Plan Name	AWH BaptistHealth Texas ACO (Open Access Aetna Select)		Open Access Aetna Select H.S.A.	Choice POS II	
	Designated Network	In-Network	In-Network Only	In-Network	Out-of-Network
<b>CALENDAR YEAR DEDUCTIBLE</b>					
Individual	\$2,000	\$2,000	\$5,000	\$4,000	\$15,000
Family	\$4,000	\$4,000	\$10,000	\$8,000	\$30,000
Coinsurance	20%	40%	30%	20%	50%
<b>CALENDAR YEAR OUT-OF-POCKET MAXIMUM (Maximum includes deductible and copays)</b>					
Individual	\$5,000	\$5,000	\$6,550	\$6,550	\$18,000
Family	\$10,000	\$10,000	\$13,100	\$13,100	\$36,000
<b>OFFICE VISITS</b>					
Preventive Care Services	No Charge	No Charge	No Charge	No Charge	50% after deductible
Primary Care Physician	\$15	40% after deductible	30% after deductible	\$40	50% after deductible
Specialist	\$50	40% after deductible	30% after deductible	\$60	50% after deductible
Telehealth					
<b>EMERGENCY MEDICAL CARE</b>					
Urgent Care	\$50	\$50	30% after deductible.	\$100	50% after deductible
Emergency Room Visit	\$300 copay + 20% after deductible	\$300 copay + 20% after deductible	30% after deductible	\$250 copay + 20% after deductible	\$250 copay + 20% after deductible
<b>HOSPITAL CARE</b>					
Hospital Inpatient	20% after deductible	\$500 + 40% after deductible	30% after deductible	20% after deductible	50% after deductible
Hospital Outpatient	20% after deductible	40% after deductible	30% after deductible	20% after deductible	50% after deductible
<b>DIAGNOSTIC PROCEDURE</b>					
Lab & X-Ray	20% after deductible	20% after deductible	30% after deductible	20% after deductible	50% after deductible
Major Diagnostics (CT, PET, MRI, MRA & Nuclear Medicine)	20% after deductible	20% after deductible	30% after deductible	20% after deductible	50% after deductible

Monthly Rates						
	Baptist ACO		Open Access Aetna Select H.S.A.		Choice POS II	
	Total Cost	Employee Cost	Total Cost	Employee Cost	Total Cost	Employee Cost
Employee	\$532.29	\$72.29	\$544.14	\$84.14	\$764.71	\$304.71
Employee + Spouse	\$1,103.80	\$568.80	\$1,130.08	\$595.08	\$1,619.02	\$1,084.02
Employee + Child(ren)	\$913.33	\$368.33	\$934.19	\$389.19	\$1,333.79	\$788.79
Family	\$1,689.61	\$1,029.61	\$1,730.70	\$1,070.70	\$2,495.33	\$1,835.33

# PRESCRIPTIONS

## EXPRESS SCRIPTS

Your prescription benefits are included in your medical plan. It's easy to fill your prescriptions with a large retail network of pharmacies through Express Scripts. Express Scripts has thousands of retail pharmacy providers across the United States. Choose a participating retail pharmacy close to your home or work.

If you are taking maintenance medication for longer than 30 days, consider using the mail order pharmacy or retail pharmacy locations to get your medications in 90 days supplies. It's convenient and saves money.

### WAYS TO GET YOUR MEDICATION

#### One-time & Standard Prescriptions

- Use a participating retail pharmacy when filling short-term prescriptions for medications such as antibiotics.
- Our network includes more than 66,000 network pharmacies and 2 mail service facilities.
- Please login to [express-scripts.com](https://express-scripts.com) to find an in-network pharmacy near you.

#### Maintenance Prescriptions

- Maintenance medications are prescription drugs that you need to take regularly for needs such as asthma, diabetes, birth control, high cholesterol, high blood pressure, and arthritis.
- Maintenance medications can also be medications that are taken for three to six months and then discontinued, such as an allergy medication.
- Use your local retail pharmacy or Express Scripts Mail Service Pharmacy to fill your long-term (maintenance) prescriptions for the same 90-day copay. Please visit [express-scripts.com](https://express-scripts.com) to begin using the mail service.

Prescription Benefits	Baptist ACO	Open Access HSA	Choice POS II
Retail - 30 days			
Tier 1	\$10	\$10 after deductible	\$10
Tier 2	\$45	\$35 after deductible	\$45
Tier 3	\$80	\$60 after deductible	\$80
Mail-Order - 90 Days			
Tier 1	\$25	\$25 after deductible	\$25
Tier 2	\$112.50	\$87.50 after deductible	\$112.50
Tier 3	\$200	\$150 after deductible	\$200

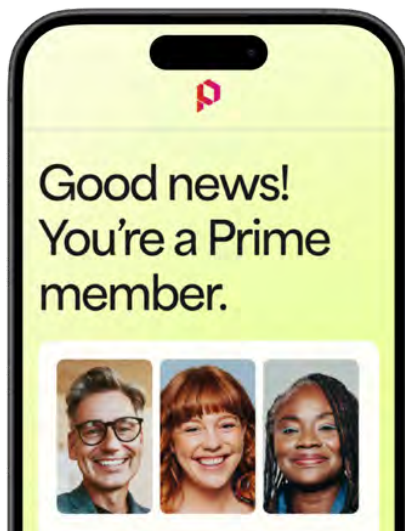
# Next Level Prime

SCUC ISD is partnering with Next Level Medical to offer a supplemental healthcare membership for employees. **The Next Level Prime membership comes at NO COST to the employees enrolled in the District's Aetna ACO or Choice POS II plans.** You can even elect to cover your spouse and/or dependents through a monthly payroll deduction. Employees not enrolled in one of the two eligible plans, along with their families, can also be enrolled in Next Level Prime through a monthly payroll deduction.

\*Employees enrolled in the Aetna HDHP with an HSA will be eligible for the Prime Membership once the plan deductible and coinsurance has been met.

## Included in your membership:

- ♥ Access to 45+ Next Level clinic locations with NO COPAYS
- ♥ Direct primary, preventive and chronic care, 7 days a week, 9 a.m. - 9 p.m.
- ♥ Urgent care 7 days a week from 9 a.m. - 9 p.m.
- ♥ Telemedicine/virtual visits and care navigation 24/7
- ♥ Health and wellness coaching and emotional wellness counseling
- ♥ Weight loss solutions, including access to GLP-1 medications



## The best way to get care with Next Level

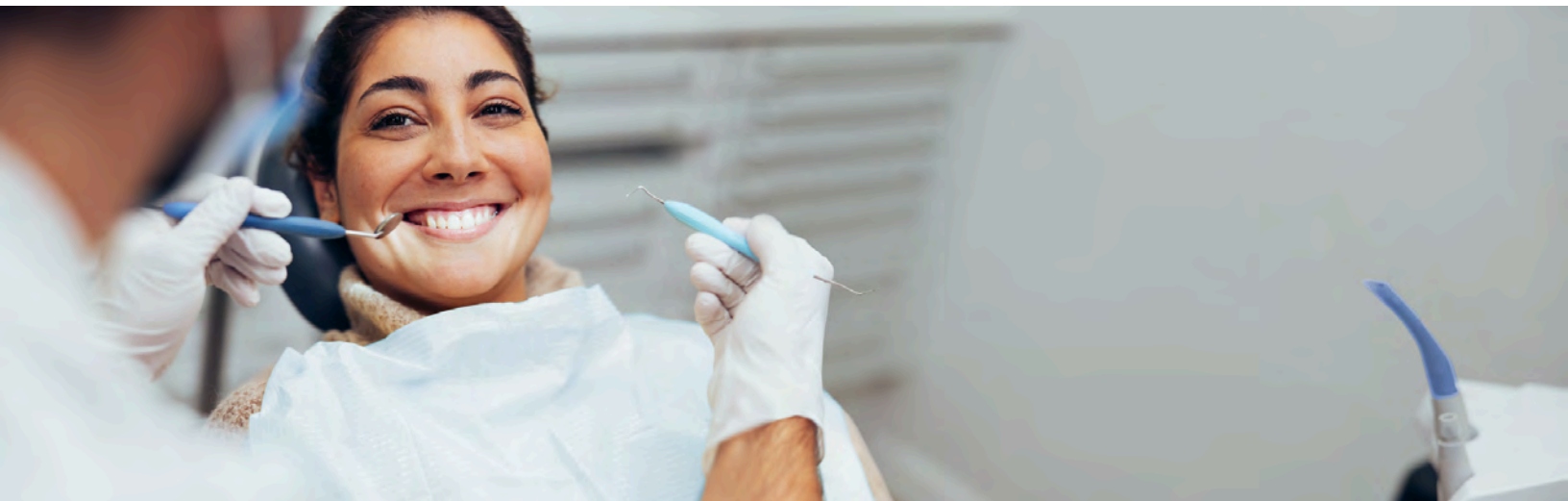
Download our app and make getting care faster.

**next level**



# Dental Insurance

## Plan Choices



Ameritas | [www.ameritas.com](http://www.ameritas.com) | 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
- Crown
- Root Canals

Dental Monthly Premiums		
	Low	High
Employee Only	\$31.31	\$40.93
Employee + 1	\$58.98	\$77.20
Employee + 2 or More	\$84.71	\$110.85

# Schertz-Cibolo-Universal City ISD

## Dental Highlight Sheet



### Low Dental Plan Summary

Effective Date: 9/1/2025

<b>Plan Benefit</b>	
Type 1	80%
Type 2	80%
Type 3	50%
<b>Deductible</b>	\$50 Lifetime Type 2,3 Waived Type 1 No Family Maximum
<b>Maximum (per person)</b>	\$1,000 per calendar year
<b>Allowance</b>	U&C
<b>Waiting Period</b>	None
<b>Annual Open Enrollment</b>	Included

### Orthodontia Summary - Child Only Coverage

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$1,000
<b>Waiting Period</b>	None
<b>Takeover Benefit</b>	Initial Insureds & New Enrollees

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"><li>• Routine Exam (2 per benefit period)</li><li>• Bitewing X-rays (1 per benefit period)</li><li>• Full Mouth/Panoramic X-rays (1 in 5 years)</li><li>• Periapical X-rays</li><li>• Cleaning (2 per benefit period)</li><li>• Fluoride for Children 13 and under (1 per benefit period)</li><li>• Sealants (age 13 and under)</li><li>• Pre-Diagnostic Test (age 35 and over) (1 in 2 years)</li></ul>	<ul style="list-style-type: none"><li>• Space Maintainers</li><li>• Fillings for Cavities</li><li>• Restorative Composites (anterior and posterior teeth)</li><li>• Endodontics (nonsurgical)</li><li>• Endodontics (surgical)</li><li>• Periodontics (nonsurgical)</li><li>• Periodontics (surgical)</li><li>• Simple Extractions</li><li>• Complex Extractions</li></ul>	<ul style="list-style-type: none"><li>• Onlays</li><li>• Crowns (1 in 10 years per tooth)</li><li>• Crown Repair</li><li>• Denture Repair</li><li>• Implants</li><li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li><li>• Anesthesia</li></ul>

### Monthly Rates

<b>Employee (EE)</b>	\$31.31
<b>EE + 1 Dependent</b>	\$58.98
<b>EE + 2 or More Dependents</b>	\$84.71

### Ameritas Information

Our customer relations associates will be pleased to assist you from 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to [ameritas.com](http://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](http://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.

# Schertz-Cibolo-Universal City ISD

## Dental Highlight Sheet



### High Dental Plan Summary

Effective Date: 9/1/2025

<b>Plan Benefit</b>	
Type 1	100%
Type 2	80%
Type 3	50%
<b>Deductible</b>	\$50 Lifetime Type 2,3 Waived Type 1 No Family Maximum
<b>Maximum (per person)</b>	\$1,200 per calendar year
<b>Allowance</b>	U&C
<b>Waiting Period</b>	None
<b>Annual Open Enrollment</b>	Included

### Orthodontia Summary - Child Only Coverage

<b>Allowance</b>	U&C
<b>Plan Benefit</b>	50%
<b>Lifetime Maximum (per person)</b>	\$1,000
<b>Waiting Period</b>	None
<b>Takeover Benefit</b>	Initial Insureds & New Enrollees

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

Type 1	Type 2	Type 3
<ul style="list-style-type: none"><li>• Routine Exam (2 per benefit period)</li><li>• Bitewing X-rays (1 per benefit period)</li><li>• Full Mouth/Panoramic X-rays (1 in 5 years)</li><li>• Periapical X-rays</li><li>• Cleaning (2 per benefit period)</li><li>• Fluoride for Children 13 and under (1 per benefit period)</li><li>• Sealants (age 13 and under)</li><li>• Pre-Diagnostic Test (age 35 and over) (1 in 2 years)</li></ul>	<ul style="list-style-type: none"><li>• Space Maintainers</li><li>• Fillings for Cavities</li><li>• Restorative Composites (anterior and posterior teeth)</li><li>• Endodontics (nonsurgical)</li><li>• Endodontics (surgical)</li><li>• Periodontics (nonsurgical)</li><li>• Periodontics (surgical)</li><li>• Simple Extractions</li><li>• Complex Extractions</li></ul>	<ul style="list-style-type: none"><li>• Onlays</li><li>• Crowns (1 in 10 years per tooth)</li><li>• Crown Repair</li><li>• Denture Repair</li><li>• Implants</li><li>• Prosthodontics (fixed bridge; removable complete/partial dentures) (1 in 5 years)</li><li>• Anesthesia</li></ul>

### Monthly Rates

<b>Employee (EE)</b>	\$40.93
<b>EE + 1 Dependent</b>	\$77.20
<b>EE + 2 or More Dependents</b>	\$110.85

### Ameritas Information

Our customer relations associates will be pleased to assist you from 7 a.m. to midnight (Central Time) Monday through Thursday, and 7 a.m. to 6:30 p.m. on Friday. You can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to [ameritas.com](http://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](http://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.

# Vision Insurance

VSP | [www.vsp.com](http://www.vsp.com) | 800-877-7195

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

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

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

Vision Monthly Premium		
	Low Plan	High Plan
Employee Only	\$7.15	\$12.60
Employee + Spouse	\$13.45	\$23.70
Employee + Children	\$13.45	\$23.70
Employee + Family	\$19.14	\$33.72





# Make Eye Health a Priority with VSP!

Your health comes first with VSP and Schertz-Cibolo-Universal City ISD. Take a look at your VSP vision care coverage.



VSP members save an annual average of

**\$471\***

## More Ways to Save

Extra **\$20** to spend on  
Featured Frame Brands†

bebe Calvin Klein COLE HAAN  
©DRAGON. FLEXON LONGCHAMP  
and more

Up to **40%** Savings on  
lens enhancements‡

See all brands and offers  
at [vsp.com/offers](https://vsp.com/offers).

## Routine eye exams have saved lives.

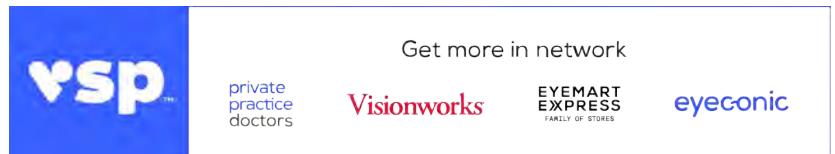
Did you know an eye exam is the only non-invasive way to view blood vessels in your body? Your VSP® network eye doctor can detect signs of over 270 health conditions during an eye exam.\*\*

## Savings you'll love.

See and look your best without breaking the bank. VSP members get exclusive savings on popular frame brands and contact lenses, and they get additional discounts on things like LASIK, and more.

## The choice is yours!

With thousands of in-network locations to choose from, including private practice doctors and retail locations nationwide, getting the most out of your benefits is easy.



Enroll through your employer today.  
Questions?

**[vsp.com](https://vsp.com) or 800.877.7195**

## Using your benefit is easy!

Create an account on **[vsp.com](https://vsp.com)** to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with exclusive member extras. At your appointment, just tell them you have VSP.



Scan QR code or visit **[vsp.com](https://vsp.com)** to learn more.

\*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change. †Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

\*\*Based on state and national averages for eye exams and most commonly purchased brands. This represents the average savings for a VSP member with a full-service plan at an in-network provider. Your actual savings will depend on the eyewear you choose, the plan available to you, the eye doctor you visit, your copays, your premium, and whether it is deducted from your paycheck pre-tax. Source: VSP book-of-business paid claims data for Aug-Jan of each prior year. \*\*Full Picture of Eye Health, American Optometric Association, 2020. ‡Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. Premier Edge™ is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on [vsp.com](https://vsp.com). Visionworks and Eyeconic are VSP-affiliated companies.

©2025 Vision Service Plan. All rights reserved.

VSP and WellVision Exam are registered trademarks, and VSP LightCare™ is a trademark of Vision Service Plan. All other brands or marks are the property of their respective owners. 102898 VCCM

Classification: Restricted

## Your VSP Vision Benefits Summary

Prioritize your health and your budget with a VSP plan through Schertz-Cibolo-Universal City ISD. Get coverage for essentials, or upgrade to enhance your coverage options.

### Provider Network:

VSP Advantage

### Effective Date:

09/01/2025



BENEFIT	DESCRIPTION	COPAY
<b>Low Plan Coverage with a VSP Doctor</b>		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every calendar year</li> </ul>	\$10 Up to \$39
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam

PRESCRIPTION GLASSES		\$15
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$135 Featured Frame Brands allowance</li> <li>\$115 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$65 Costco frame allowance</li> <li>Every other calendar year</li> </ul>	Included in Prescription Glasses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>UV protection</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$95 - \$105 \$150 - \$175 \$0
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$115 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60

<b>ADDITIONAL SAVINGS</b>	<b>Glasses and Sunglasses</b>	
	<ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="https://www.vsp.com/offers">vsp.com/offers</a>.</li> <li>20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.</li> </ul>	
	<b>Laser Vision Correction</b>	
	<ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> </ul>	
	<b>Exclusive Member Extras for VSP Members</b>	
	<ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="https://www.vsp.com/offers">vsp.com/offers</a>.</li> <li>Save up to 60% on digital hearing aids with TruHearing®. Visit <a href="https://www.vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> <li>Enjoy everyday savings on health, wellness, and more with VSP Simple Values.</li> </ul>	

<b>YOUR MONTHLY CONTRIBUTION</b>	\$7.15 Member only \$13.45 Member + spouse	\$13.45 Member + child(ren) \$19.14 Member + family
----------------------------------	---	--

BENEFIT	DESCRIPTION	COPAY
<b>High Plan Coverage with a VSP Provider</b>		
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> <li>Every calendar year</li> </ul>	\$10 Up to \$39
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> <li>Available as needed</li> </ul>	\$20 per exam
<b>PRESCRIPTION GLASSES</b>		
<b>FRAME*</b>	<ul style="list-style-type: none"> <li>\$170 Featured Frame Brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$80 Costco frame allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>UV protection</li> <li>Average savings of 30% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$95 - \$105 \$150 - \$175 \$0
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$150 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>	Up to \$60

<b>YOUR MONTHLY CONTRIBUTION</b>	\$12.60 Member only \$23.70 Member + spouse	\$23.70 Member + child(ren) \$33.72 Member + family
----------------------------------	--	--

### COVERAGE WITH AN OUT-OF-NETWORK DOCTOR

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to [vsp.com](https://www.vsp.com) to find an in-network provider. Your plan provides the following out-of-network reimbursements:

Exam .....	up to \$45	Lined Bifocal Lenses .....	up to \$50	Progressive Lenses .....	up to \$50
Frame .....	up to \$70	Lined Trifocal Lenses .....	up to \$65	Contacts .....	up to \$105
Single Vision Lenses .....	up to \$30				

# Flexible Spending Accounts

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

## Medical FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and reimburse yourself for out-of-pocket medical expenses not covered under your medical plan. Your employer has chosen the \$660 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$660 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$660 will be forfeited under the use-it-or-lose-it rule.

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

### Medical FSA Highlights

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

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

## Dependent Care FSA

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

**You may allocate up to \$5,000 per tax year for reimbursement of dependent care services.**

**If you are married and file a separate tax return, the limit is \$2,500.**

### Dependent Care FSA Highlights

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

# Health Savings Account

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

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

## Health Savings Account Highlights

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

## Who Can Participate in an HSA?

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

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

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

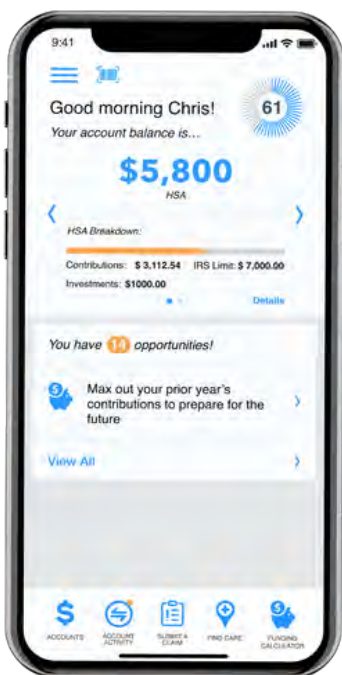
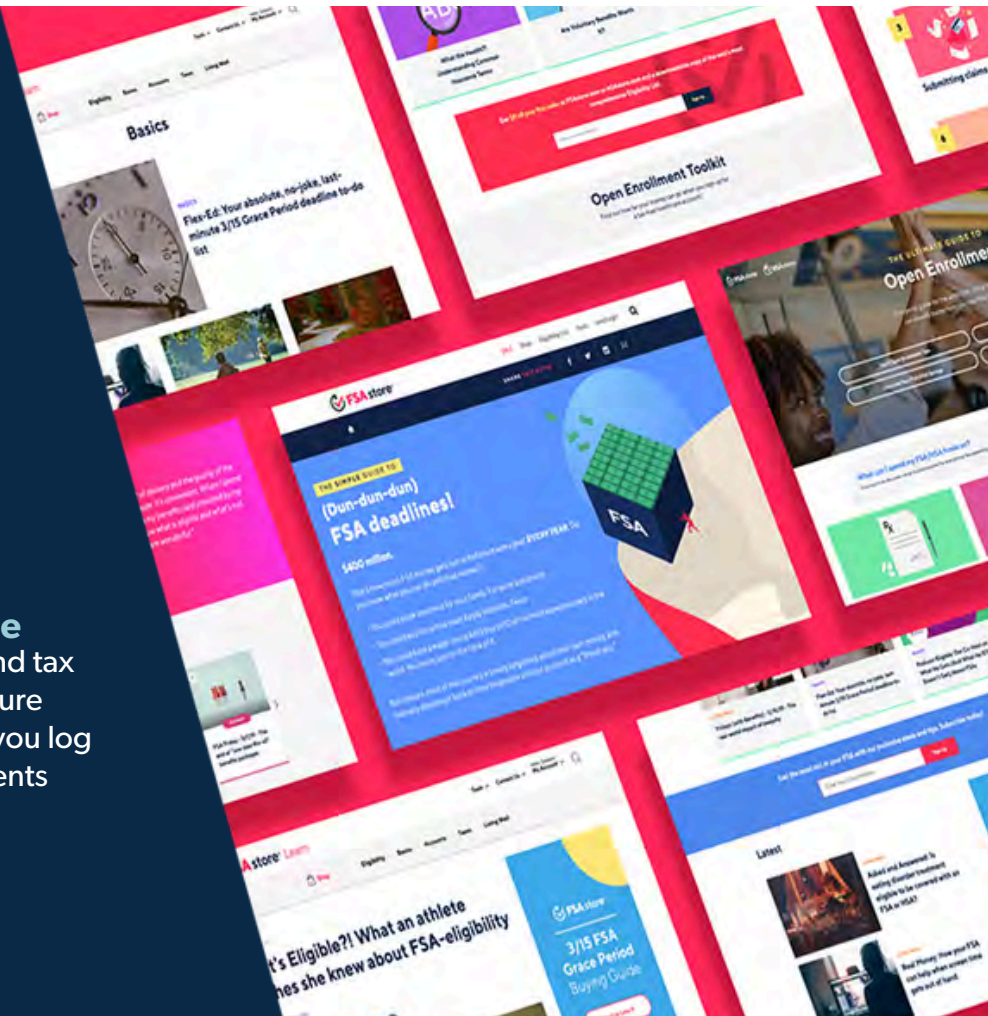
# FSA & HSA Resources

## Benefits Card

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

## View Your Account Details Online

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



## FF Mobile Account App

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

## FSA/HSA Store

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



# Term Life & AD&D

## Employer-Paid & Voluntary

United Healthcare | [www.uhc.com](http://www.uhc.com) | 888-887-9003

### 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 \$25,000 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](http://www.texaslife.com) | 800-283-9233

### **Texas Life Insurance - Permanent, Portable Life Insurance**

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

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

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

# WOW!

## VOLUNTARY PERMANENT LIFE INSURANCE YOU CAN KEEP

PURELIFE-PLUS

### Highlights



#### **PORTABLE**

Take it with you when you change jobs or retire<sup>1</sup>



#### **EASY TO PAY**

Pay for it through convenient payroll deductions



#### **NO EXAMS**

Qualify by answering just 3 questions<sup>2</sup>



#### **COVER DEPENDENTS**

Cover your spouse, children and grandchildren<sup>3</sup>



#### **TERMINAL ILLNESS BENEFIT**

Get a living benefit if you become terminally ill<sup>4</sup>



#### **CHRONIC ILLNESS BENEFIT**

Cover care expenses if you become chronically ill, if selected<sup>5</sup>

**TEXASLIFE**  
INSURANCE COMPANY

**FFGA**  
Benefit Solutions Simplified

# The Ideal Complement

Our voluntary permanent life insurance product can be an ideal complement to the group term and optional term life insurance your employer might provide. This voluntary permanent universal life product is yours to keep, even when you change jobs or retire, as long as you pay the necessary premium. Group and voluntary term life insurance may be portable if you change jobs, but even if you can keep them after you retire, they usually cost more and decline in death benefit.

## No Exams Or Needles!

You can qualify by answering just 3 quick questions.<sup>2</sup>

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?

## Product Features

- **High Death Benefit.** Written on a minimal cash-value Universal Life frame, PURELIFE-PLUS features one of the highest death benefits per payroll-deducted dollar offered at the worksite.<sup>6</sup>
- **Refund of Premium.** Unique in the workplace, PURELIFE-PLUS offers you a refund of 10 years' premium, should you surrender the contract if initial specified premium paid for ever increases. (*Conditions apply.*)
- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURELIFE-PLUS helps provide peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).
- **Long Guarantees.** Enjoy the assurance of a contract that has a guaranteed death benefit to age 121 and level premium for a significant period of time (after the premium guaranteed period, premiums may go down, stay the same, or go up).<sup>7</sup>

# Additional Benefits

## Accidental Death Benefit Rider

Included in the contract at the option of your employer, the Accidental Death Benefit Rider covers all employees and spouses between the ages of 17-59.<sup>9</sup> This rider costs \$0.08 per \$1,000 of the contract's face amount per month and pays the insured's beneficiary double the death benefit<sup>10</sup> if the insured dies within 180 days of an accident from injuries incurred in that accident.<sup>11</sup> The benefit is payable through the insured's age 65. See the complete list of exceptions to coverage on the back page.

## Accelerated Death Benefit Due to Terminal Illness Rider<sup>4</sup>

Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a \$150 administrative fee. Included with your contract at no additional cost, this valuable living benefit helps give you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive.

## Accelerated Death Benefit Due To Chronic Illness Rider

This valuable living benefit will be included upon approval in the life contract for employees and their spouses at an additional cost.<sup>5</sup> This rider can help offset the unplanned expense of care should the insured be faced with a qualifying disabling chronic illness or Severe Cognitive Impairment. Here's how it works:

- If, for a period of 90 days, you're no longer able to perform any two of the six Activities of Daily Living or if you suffer Severe Cognitive Impairment, you can receive a living benefit.<sup>12</sup>
  - Example: You own a \$100,000 Texas Life insurance policy with the Chronic Illness rider. A medical professional certifies that you can no longer perform two of the six Activities of Daily Living or have suffered Severe Cognitive Impairment. You can apply for a lump sum of \$92,000 minus a \$150 administrative fee.<sup>13</sup>
- The money is yours to do with as you choose: you do not have to go to a nursing home, convalescent center or receive home health care to receive the cash.
- The cost to add this valuable living benefit to your life insurance policy is minimal – just 10% of the policy's base premium.

See last page for disclosures and footnotes

---

*According to the Center for Disease Control, accidents continue to be a leading cause of death in the U.S.<sup>8</sup>*

---



# Accidental Death Benefit Rider Exceptions To Coverage

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

- a) war or any act attributable to war, whether or not the Insured is in military service;
- b) participating or engaging in a riot;
- c) suicide or any attempt to commit suicide, while sane or insane;
- d) bodily or mental infirmity or illness or disease of any kind;
- e) participation in an illegal occupation or activity;
- f) any cause, if death occurred while the Insured is incarcerated;
- g) an accident caused or contributed to by intoxication as defined by the jurisdiction in which death occurred;
- h) taking of any poison, drug, or sedative, unless such drug or sedative was taken as prescribed for occurred;
- i) asphyxiation from inhalation of gas, except the accidental inhalation of gas in the course of Insured's employment;
- j) operating or riding in, or descending from any kind of aircraft if the Insured is a pilot, officer, or member of the crew of the aircraft, or is giving or receiving any kind of training or instruction, or has any duties aboard the aircraft or duties requiring descent therefrom.

---

The agent/agency offering this coverage is not affiliated with Texas Life other than to market its products. Underwritten and claims paid by Texas Life. Licensed in DC and all states except NY.

Important Note: Texas Life does not offer financial advice. Contact a financial advisor in your state for financial information.

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. See a Texas Life representative or the PureLife-plus brochure for costs and complete details. Form series PRFNG-NI.

- 1 As long as the necessary premiums are paid.
- 2 Issuance of coverage will depend on responses to questions.
- 3 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.
- 4 Accelerated Death Benefit Due to Terminal Illness Rider. Conditions apply. Form series ULABR.
- 5 Chronic Illness Rider available for an additional cost for employees and their spouses. Conditions apply. Requires additional underwriting questions; issuance of coverage will depend on the answers to these questions. Form series ULABR-CI.
- 6 Voluntary Whole and Universal Life Products, Eastbridge Consulting Group, March 2022
- 7 As long as you pay the necessary premium. Guarantees are subject to product terms, limitations, exclusions, and the insurer's claims paying ability and financial strength. Forty-five (45) years average for all ages based on our actuarial review.
- 8 Mortality in the United States, 2022. HCHS Data Brief, No. 492, March 2024.
- 9 Available to children at issue age 17-26, and grandchildren ages 17-18.
- 10 The accidental death benefit is paid in addition to and for the same amount as the contract's death benefit.
- 11 Rider details vary by state. Conditions apply. See contract for complete coverage description. Form series ULCL-ADB.
- 12 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.
- 13 The Accelerated Death Benefit Rider for Chronic Illness pays 92% of the insurance proceeds less a \$150 administrative fee in lieu of the benefit payable at death. Payment of this rider terminates the contract and any obligations under other riders, endorsements and supplemental benefits as if the insured had died. Form series ULABR-CI.

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

Issue Age (ALB)	<b>Monthly Premiums for Life Insurance Face Amounts Shown</b> Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									<b>GUARANTEED PERIOD</b> 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

<b>CHILDREN AND GRANDCHILDREN (NON-TOBACCO)</b> 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)	<b>Monthly Premiums for Life Insurance Face Amounts Shown</b> Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages)									<b>GUARANTEED PERIOD</b> 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	178.65	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	157.60	235.18	312.75					85
55	34.84	83.73	163.20	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 (exp 03/25)

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

Indicates  
 Spouse  
 Coverage  
 Available

# Disability Insurance

The Hartford | [www.thehartford.com](http://www.thehartford.com) | 800-523-2233

## Why Do I Need Disability Insurance?

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

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

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



BENEFIT HIGHLIGHTS FOR:

# Schertz Cibolo Universal Independent School District Education Foundation

## EDUCATOR DISABILITY INSURANCE OVERVIEW

**What is Educator Disability Income Insurance?** Educator Disability insurance combines the features of a short-term and long-term disability plan into one policy. The coverage pays you a portion of your earnings if you cannot work because of a disabling illness or injury. The plan gives you the flexibility to choose a level of coverage to suit your need.

You have the opportunity to purchase Disability Insurance through your employer. This highlight sheet is an overview of your Disability Insurance. Once a group policy is issued to your employer, a certificate of insurance will be available to explain your coverage in detail.

**Why do I need Disability Insurance Coverage?** **More than half** of all personal bankruptcies and mortgage foreclosures are a consequence of disability<sup>1</sup>

<sup>1</sup> Facts from LIMRA, 2016 Disability Insurance Awareness Month

The average worker faces a **1 in 3 chance** of suffering a job loss lasting 90 days or more due to a disability<sup>2</sup>

<sup>2</sup> Facts from LIMRA, 2016 Disability Insurance Awareness Month

**Only 50%** of American adults indicate they have enough savings to cover three months of living expenses in the event they're not earning any income<sup>3</sup>

<sup>3</sup> Federal Reserve, Report on the Economic Well-Being of U.S. Households in 2018

## ELIGIBILITY AND ENROLLMENT

**Eligibility** You are eligible if you are an active employee who works at least 18 hours per week on a regularly scheduled basis.

**Enrollment** You can enroll in coverage within 31 days of your date of hire or during your annual enrollment period.

**Effective Date** Coverage goes into effect subject to the terms and conditions of the policy. You must satisfy the definition of Actively at Work with your employer on the day your coverage takes effect.

**Actively at Work** You must be at work with your Employer on your regularly scheduled workday. On that day, you must be performing for wage or profit all of your regular duties in the usual way and for your usual number of hours. If school is not in session due to normal vacation or school break(s), Actively at Work shall mean you are able to report for work with your Employer, performing all of the regular duties of Your Occupation in the usual way for your usual number of hours as if school was in session.

## FEATURES OF THE PLAN

**Benefit Amount** You may purchase coverage that will pay you a monthly flat dollar benefit in \$100 increments between \$200 and \$7,500 that cannot exceed 66 2/3% of your current monthly earnings. Earnings are defined in The Hartford's contract with your employer.

**Elimination Period** You must be disabled for at least the number of days indicated by the elimination period that you select before you can receive a Disability benefit payment. The elimination period that you select consists of two numbers. The first number shows the number of days you must be disabled by an accident before your benefits can begin. The second number indicates the number of days you must be disabled by a sickness before your benefits can begin.

*For those employees electing an elimination period of 30 days or less, if you are confined to a hospital for 24 hours or more due to a disability, the elimination period will be waived, and benefits will be payable from the first day of hospitalization.*

**Maximum Benefit Duration** Benefit Duration is the maximum time for which we pay benefits for disability resulting from sickness or injury. Depending on the schedule selected and the age at which disability occurs, the maximum duration may vary. Please see the schedule below.

**Premium Option:**

Schedule for disability caused by **injury and sickness**:

<b>Age Disabled</b>	<b>Maximum Benefit Duration</b>
Prior to 63	To Normal Retirement Age or 48 months if greater
Age 63	To Normal Retirement Age or 42 months if greater
Age 64	36 months
Age 65	30 months
Age 66	27 months
Age 67	24 months
Age 68	21 months
Age 69 and older	18 months

**Mental Illness, Alcoholism and Substance Abuse, Self-Reported or Subjective Illness:** You can receive benefit payments for Long-Term Disabilities resulting from mental illness, alcoholism and substance abuse or self-reported or subjective illness for a total of 12 months for all disability periods during your lifetime.

**Duration:** Any period of time that you are confined in a hospital or other facility licensed to provide medical care for mental illness, alcoholism and substance abuse does not count toward the 12 month lifetime limit.

**Partial Disability** Partial Disability is covered provided you have at least a 20% loss of earnings and duties of your job.

---

**Other Important Benefits** **Survivor Benefit** - If you die while receiving disability benefits, a benefit will be paid to your spouse or child under age 26, equal to three times your last monthly gross benefit.

**The Hartford's Ability Assist** service is included as a part of your group Long Term Disability (LTD) insurance program. You have access to Ability Assist services both prior to a disability and after you've been approved for an LTD claim and are receiving LTD benefits. Once you are covered you are eligible for services to provide assistance with child/elder care, substance abuse, family relationships and more. In addition, LTD claimants and their immediate family members receive confidential services to assist them with the unique emotional, financial and legal issues that may result from a disability. Ability Assist services are provided through **ComPsych®**, a leading provider of employee assistance and work/life services.

**Travel Assistance Program** – Available 24/7, this program provides assistance to employees and their dependents who travel 100+ miles from their home for 90 days or less. Services include pre-trip information, emergency medical assistance and emergency personal services.

**Identity Theft Protection** – An array of identity fraud support services to help victims restore their identity. Benefits include 24/7 access to an 800 number; direct contact with a certified caseworker who follows the case until it's resolved; and a personalized fraud resolution kit with instructions and resources for ID theft victims.

**Workplace Modification** provides for reasonable modifications made to a workplace to accommodate your disability and allow you to return to active full-time employment.

---

## PROVISIONS OF THE PLAN

---

**Definition of Disability** Disability is defined as The Hartford's contract with your employer. Typically, disability means that you cannot perform one or more of the essential duties of your occupation due to injury, sickness, pregnancy or other medical conditions covered by the insurance, and as a result, your current monthly earnings are 80% or less of your pre-disability earnings.

Once you have been disabled for 24 months, you must be prevented from performing one or more essential duties of any occupation, and as a result, your monthly earnings are 66 2/3% or less of your pre-disability earnings.

---

**Pre-Existing Condition Limitation** Your policy limits the benefits you can receive for a disability caused by a pre-existing condition. In general, if you were diagnosed or received care for a disabling condition within the 6 consecutive months just prior to the effective date of this policy, your benefit payment will be limited, unless: You have been insured under this policy for 12 months before your disability begins.

*If your disability is a result of a pre-existing condition, we will pay benefits for a maximum of 1 month.*

---

---

**Continuity of Coverage** If you were insured under your district's prior plan and not receiving benefits the day before this policy is effective, there will not be a loss in coverage and you will get credit for your prior carrier's coverage.

**Recurrent Disability** *What happens if I Recover but become Disabled again?*  
Periods of Recovery during the Elimination Period will not interrupt the Elimination Period, if the number of days You return to work as an Active Employee are less than one-half (1/2) the number of days of Your Elimination Period.  
Any day within such period of Recovery, will not count toward the Elimination Period.

---

**Benefit Integration** For the first 12 months your benefit may be reduced by other income you receive or are eligible to receive due to your disability, such as Workers' Compensation Law, the Jones Act, occupational disease law, similar law or substitutes or exchanges for such benefits; 2) income that You receive from Your Employer's sabbatical leave plan or similar leave of absence plan, less the cost of paying a substitute teacher if You are required to do so; or 3) income that You receive from Your Employer's assault leave plan, or similar leave of absence plan, as a result of You being physically assaulted while acting in Your official capacity

Your benefit may be reduced by other income you receive or are eligible to receive due to your disability, such as:

- Social Security Disability Insurance
- State Teacher Retirement Disability Plans
- Workers' Compensation
- Other employer-based disability insurance coverage you may have
- Unemployment benefits
- Retirement benefits that your employer fully or partially pays for (such as a pension plan)

*Your plan includes a minimum benefit, the greater of 10% of your elected benefit, or \$100.*

---

**General Exclusions** You cannot receive Disability benefit payments for disabilities that are caused or contributed to by:

- War or act of war (declared or not)
- Military service for any country engaged in war or other armed conflict
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Any case where your being engaged in an illegal occupation was a contributing cause to your disability
- You must be under the regular care of a physician to receive benefits

---

**Termination Provisions** Your coverage under the plan will end if:

- The group plan ends or is discontinued
- You voluntarily stop your coverage
- You are no longer eligible for coverage
- You do not make the required premium payment
- Your active employment stops, except as stated in the continuation provision in the policy

---

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights Sheet explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this Benefit Highlights Sheet and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

Disability Form Series includes GBD-1000, GBD-1200, or state equivalent

7896 NS 07/20

Age Band	Injury / Sickness Elimination Period in Days			
	7 / 7	14 / 14	30 / 30	60 / 60
15-29	2.68	1.63	1.26	1.01
30-34	3.36	2.06	1.62	1.22
35-39	3.95	2.49	2.07	1.56
40-44	4.52	2.91	2.52	1.96
45-49	4.83	3.13	2.78	2.27
50-54	5.2	3.32	3.02	2.63
55-59	5.82	3.75	3.53	3.29
60+	7.5	4.83	4.69	4.46

- Benefit Amounts are between \$200 and \$7,500 not to exceed 66.67% of your monthly earnings. Rates are per \$100 of Monthly Earnings.
- Elimination Periods are 7/7 days, 14/14 days, 30/30 days and 60/60 days

### **How to Calculate your Monthly Premium:**

Example: Employee is 34 yrs old and elects a \$2,000/month benefit amount with a 30/30 Elimination Period

$$\$2,000 \text{ (monthly benefit amount)} / 100 \times \$1.62 \text{ (Age-Band Rate)} = \textbf{\$32.40/month}$$

# Cancer Insurance

## Plan Options



Metlife | [www.metlife.com](http://www.metlife.com) | 800-638-6420

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

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

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

## Cancer Insurance

Schertz-Cibolo-Universal City ISD

Benefits that may help cover costs that may not be covered by your medical plan.

### Cancer Insurance Benefits<sup>1</sup>

Eligible Individual	Benefit Amount	Requirements
<b>Coverage Options</b>		
<b>Employee</b>	<b>\$15,000 or \$30,000</b>	Coverage is guaranteed provided you are actively at work. <sup>3</sup>
<b>Spouse/Domestic Partner<sup>2</sup></b>	<b>100% of the Employee's Initial Benefit</b>	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>3</sup>
<b>Dependent Child(ren)<sup>4</sup></b>	<b>50% of the Employee's Initial Benefit</b>	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. <sup>5</sup>

### Benefit Payment

Your plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a covered cancer. Your plan also pays a lump-sum **Recurrence Benefit<sup>5</sup>** for a subsequent verified diagnosis of the same cancer as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same cancer. There is a Benefit Suspension Period that applies.

This Cancer Insurance coverage provides a lump sum benefit for:

- ✓ Invasive Cancer—Covers advanced forms of cancer.
- ✓ Non-Invasive Cancer—Covers most forms of early-stage cancers.
- ✓ Skin Cancer—Covers most malignant growths that arise on the surface of the skin.

Please refer to the table below for the percentage benefit payable for each covered cancer.

Covered Conditions*	Initial Benefit	Recurrence Benefit
<b>Cancer Category</b>		
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit Amount
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit Amount
Skin Cancer	5% of Benefit Amount, but not less than \$250	None

<b>Supplemental Benefits</b>		
Health Screening Benefit <sup>6</sup>	Benefit Amount	Health Screening Benefit Amount
Payable if an eligible covered person takes one of the screening/prevention measures listed below.	\$15,000	\$50
	\$30,000	\$100



## Cancer Insurance

### Times Payable per Calendar Year

- 1 time per Employee
- 1 time per spouse/domestic partner
- 1 time per Dependent Child

Supplemental Benefits	
Eligible Screening/Prevention Measures	
routine health check-up exam	fasting blood glucose test
Biopsies for cancer	fasting plasma glucose test
Blood chemistry panel	Flexible sigmoidoscopy
Blood test to determine total cholesterol	Hearing test
Blood test to determine triglycerides	Hemoccult stool specimen
Bone marrow testing	Hemoglobin A1C
Breast MRI	Human papillomavirus (HPV) vaccination
Breast ultrasound	Immunization
Breast sonogram	Lipid panel
Cancer antigen 15-3 blood test for breast cancer (CA 15-3)	mammogram
Cancer antigen 125-3 blood test for ovarian cancer (CA-125)	Oral cancer screening
Carcinoembryonic antigen blood test for colon cancer (CEA)	Pap smears or thin prep test
Carotid Doppler	Prostate-specific antigen (PSA) test
Chest x-rays	serum cholesterol test to determine LDL and HDL levels
Clinical testicular exam	Serum protein electrophoresis
Colonoscopy	Skin cancer biopsy
Complete blood count (CBC)	Skin cancer screening
Coronavirus testing	Skin exam
Dental exam	Stress test on bicycle
Digital rectal exam (DRE)	Successful completion of smoking cessation program
Doppler screening for cancer	Tests for sexually transmitted infections (STI's)
Doppler screening for peripheral vascular disease	Thermography
Echocardiogram	Two-hour post-load plasma glucose test
Echocardiogram (EKG)	Ultrasounds for cancer detection
Electroencephalogram (EEG)	Ultrasound screening of the abdominal aorta for abdominal aorta -aneurysms
endoscopy	Virtual colonoscopy
Eye exams	
Waver of Premium	If an employee is under age 70 and becomes disabled continuously for 90 days, MetLife will waive the premiums due for the employee and any dependents for 2 years. Proof of disability must be submitted during the 90-day period that follows the 90th day of continuous disability. Please contact MetLife for the definition of Disabled or Disability.
Transportation Benefits	Payable for a covered person's travel to and from a treatment center for treatment of a covered condition, subject to the requirements in the certificate. We will pay \$0.50 per mile up to \$1,500 per round trip and \$5,000 per Calendar year.

## Cancer Insurance

### Second Opinion Benefit

Payable if a covered person receives a second opinion at an evaluation center for a covered condition, subject to the requirements in the certificate.  
We will pay \$500 per evaluation and an additional \$250 if the evaluation center is more than 100 miles from the covered person's primary residence.  
Payable for up to 5 second opinions per covered person.

#### \* Notes Regarding Covered Cancers

MetLife will not pay a benefit for a covered cancer that is diagnosed prior to the coverage effective date. Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.

**Health Screening Benefit** MetLife will provide an annual benefit of \$50 - \$100 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit.

### Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of \$15,000.

Illness – Covered Condition	Payment
Invasive Cancer (leukemia) – first verified diagnosis	Initial Benefit payment of \$15,000 or 100%.
Full Benefit Cancer (leukemia) – second verified diagnosis, three years later	Recurrence Benefit payment of \$15,000 or 100%

This example is for illustrative purposes only. The MetLife Group Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific cancers. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

## Monthly (12) Premium Rates

### Uni-Tobacco

#### Premium per \$1,000 of Coverage

Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	\$0.34	\$0.68	\$0.55	\$0.89
25 - 29	\$0.38	\$0.74	\$0.59	\$0.95
30 - 34	\$0.43	\$0.84	\$0.65	\$1.05
35 - 39	\$0.52	\$0.96	\$0.73	\$1.18
40 - 44	\$0.65	\$1.20	\$0.87	\$1.41
45 - 49	\$0.85	\$1.56	\$1.06	\$1.78
50 - 54	\$1.12	\$2.15	\$1.33	\$2.37
55 - 59	\$1.43	\$2.91	\$1.64	\$3.12
60 - 64	\$1.87	\$3.95	\$2.08	\$4.16
65 - 69	\$2.57	\$5.60	\$2.78	\$5.81
70 - 74	\$3.11	\$6.88	\$3.32	\$7.09
75+	\$3.61	\$8.10	\$3.82	\$8.31

Multiply the per \$1,000 rates shown above by the benefit amount divided by \$1,000 (e.g., 15 for \$15,000 of coverage) and round to two decimals to calculate rates for the quoted benefit amounts. Note that the per \$1,000 rates are only applicable to the benefit amounts shown in this C&B. Final implemented rates may vary slightly due to rounding.



## Cancer Insurance

---

### Questions & Answers

**Q. Who is eligible to enroll for this cancer coverage?**

**A. You are eligible to enroll yourself and your eligible family members!**<sup>7</sup> You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

**Q. How do I pay for my cancer coverage?**

**A. Premiums will be paid through payroll deduction**, so you don't have to worry about writing a check or missing a payment.

**Q. What happens if my employment status changes? Can I take my coverage with me?**

**A. Yes, you can take your coverage with you.**<sup>8</sup> You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

**Q. Who do I call for assistance?****A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST. Or visit our website: [mybenefits.metlife.com](https://mybenefits.metlife.com).**

---

<sup>1</sup> Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for specific information about cancer benefits. Not all types of cancer are covered. Some cancers are covered at less than the Initial Benefit Amount. Individuals covered under a NY certificate receive a Skin Cancer benefit. For NH residents, there is an initial benefit of \$100 for All Other Cancer. MetLife will not pay a benefit for a covered cancer that is diagnosed prior to the coverage effective date.

<sup>2</sup> Coverage for Domestic Partners, civil union partners and reciprocal beneficiaries varies by state. Please contact MetLife for more information.

<sup>3</sup> Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents are not subject to medical restrictions as set forth on the enrollment form and in the Certificate. Some states require the insured to have medical coverage. MetLife will not pay a benefit for a covered cancer that is diagnosed prior to the coverage effective date.

<sup>4</sup> Dependent Child coverage varies by state. Please contact MetLife for more information.

<sup>5</sup> Review the Disclosure Document or Outline of Coverage/Disclosure Document for information on which Covered Condition may be eligible for a Recurrence Benefit. There may be a Benefit Suspension Period between recurrences of the same Covered Condition, as well as occurrences of different Covered Conditions. There may be a limitation on the number of Recurrence Benefits payable per Covered Condition. We will not pay a benefit for a Covered Condition that is subject to a Benefit Suspension Period. If a Recurrence Benefit is payable for a Cancer Covered Condition, we will not pay such benefit unless the Covered Person has not had symptoms of or been treated for the same cancer for which we paid a benefit during the Treatment Free Period.

<sup>6</sup> The Health Screening Benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document for specific state variations and exclusions around this benefit."

<sup>7</sup> Eligible Family Members means all persons eligible for coverage as defined in the Certificate.

<sup>8</sup> Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

The MetLife Cancer Insurance plan is based on the MetLife Critical Illness Insurance (CII) policy. MetLife Cancer Insurance includes only the Cancer Covered Conditions.

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability vary by state. There may be a Benefit Suspension Period between recurrences of the same Covered Condition or occurrences of different Covered Conditions. MetLife offers CII on both an Attained Age basis, where rates will increase when a Covered Person reaches a new age band, and an Issue Age basis, where rates will not increase due to age. Rates are subject to change. MetLife reserves the right to raise premium rates for Issue Age CII on a class-wide basis. A more detailed description of the benefits, limitations, and exclusions applicable to MetLife's CII product can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI, GPNP09-CI, GPNP10-CI, GPNP14-CI, GPNP19-CI or contact MetLife for more information. Please contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.

# Critical Illness Insurance

The Hartford | [www.thehartford.com](http://www.thehartford.com) | 800-523-2233

## Prepare For the Unexpected

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

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

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



# GROUP VOLUNTARY CRITICAL ILLNESS INSURANCE BENEFIT HIGHLIGHTS



65% of American cancer survivors did not have sufficient income to cover out-of-pocket expenses for cancer treatment and other incurred debts related to the illness.<sup>1</sup>

## Schertz-Cibolo-Universal City Independent School District

Facing a serious illness can be devastating both emotionally and financially. Major medical insurance may pick up most of the tab, but can still leave out-of-pocket expenses that add up quickly. critical illness insurance can provide a lump-sum benefit upon diagnosis that can be used however you choose - from expenses related to treatment, to deductibles or day-to-day costs of living such as the mortgage or your utility bills.



To learn more about critical illness insurance, visit [thehartford.com/employeebenefits](http://thehartford.com/employeebenefits)

## COVERAGE INFORMATION

Benefit amounts for covered illnesses are based on the coverage amount in effect for you or an insured dependent at the time of diagnosis.

COVERAGE AMOUNTS	
Employee Coverage Amount	\$10,000; \$20,000 or \$30,000
Spouse Coverage Amount	100% of your coverage amount
Child(ren) Coverage Amount	50% of your coverage amount
COVERED ILLNESSES	
BENEFIT AMOUNTS	
CANCER CONDITIONS	
Benign Brain Tumor*; Invasive Cancer*	100% of coverage amount
Non-invasive Cancer	25% of coverage amount
VASCULAR CONDITIONS	
Heart Attack*; Heart Transplant*; Stroke*	100% of coverage amount
Aneurysm; Angioplasty/Stent; Coronary Artery Bypass Graft	25% of coverage amount
OTHER SPECIFIED CONDITIONS	
Coma*; End Stage Renal Failure; Loss of Hearing; Loss of Speech; Loss of Vision; Major Organ Transplant*; Paralysis	100% of coverage amount
Bone Marrow Transplant	25% of coverage amount
NEUROLOGICAL CONDITIONS	
Advanced Multiple Sclerosis; Advanced Parkinson's; Amyotrophic Lateral Sclerosis (ALS or Lou Gehrig's)	100% of coverage amount]
CHILD CONDITIONS	
Cerebral Palsy; Congenital Heart Disease; Cystic Fibrosis; Muscular Dystrophy; Spina Bifida	100% of coverage amount]
ADDITIONAL BENEFITS	
BENEFIT AMOUNTS	
Recurrence – Pays a benefit for a subsequent diagnosis of conditions marked with an asterisk (*)	100% of your coverage amount
Health Screening Benefit	\$50 one time
FEATURES	
BENEFIT AMOUNTS	
Coverage Maximum – Primary Insured & Spouse	500% of coverage amount
Coverage Maximum – Child(ren)	300% of coverage amount
Ability Assist® EAP <sup>2</sup> – 24/7/365 access to help for financial, legal or emotional issues	
HealthChampion <sup>SM2</sup> – Administrative and clinical support following serious illness or injury	

## PREMIUMS

See the Premium Worksheet.<sup>3</sup>

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time or part-time employee who works at least 20 hours per week on a regularly scheduled basis, and are less than age 80. You can enroll for coverage for yourself prior to age 70.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

### CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to "spouse" in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

### AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.<sup>4</sup>

### HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided on the Premium Worksheet. You have a choice of coverage amounts. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

### WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period, or within 31 days of the date you have a change in family status.

### WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

### WHEN DOES THIS INSURANCE END?

This insurance will end when you (or your dependents) no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

### CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

<sup>1</sup>Insights From Survivors: Managing the Personal, Emotional and Financial Impact of Cancer, Washington National Institute for Wellness Solutions, 2014.

<sup>2</sup>HealthChampion<sup>SM</sup> and Ability Assist<sup>®</sup> are offered through The Hartford by ComPsych<sup>®</sup>. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych. Ability Assist is a registered trademark and HealthChampion is a service mark of ComPsych Corporation.

<sup>3</sup>Rates and/or benefits may be changed. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

### Prepare. Protect. Prevail. With The Hartford. <sup>®</sup>

The Hartford<sup>®</sup> is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. 5962f NS 08/16 © 2016 The Hartford Financial Services Group, Inc. All rights reserved.

This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Critical Illness Form Series includes GBD-2600, GBD-2700, or state equivalent.

# LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

## GROUP ACCIDENT INSURANCE

### LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury
- War or act of war, whether declared or undeclared, or a nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to it
- A covered person's taking drugs, unless as prescribed by or administered by a physician, or being intoxicated as defined by the jurisdiction in which the cause of loss was incurred
- A covered person's sickness or bacterial infection
- A covered person's participation in bungee jumping or hang gliding
- A covered person's participation or competition in semi-professional or professional sports
- Cosmetic surgery or any other elective procedure that is not medically necessary
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

## NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

IMPORTANT NOTICE – THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage.

For New York Residents:

This policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

IMPORTANT NOTICE — THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS

5962g NS 08/16 © 2016. The Hartford Financial Services Group, Inc. All rights reserved. Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

## GROUP CRITICAL ILLNESS INSURANCE

### LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the diagnosis of a covered illness, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

**Benefit Separation Periods.** If a covered person is diagnosed with a covered illness, and is subsequently diagnosed with another covered illness, the following separation periods apply between benefit payments. If the subsequent diagnosis is for: 1) A different, non-related covered illness than the first diagnosis (e.g. a cancer illness then a vascular illness), then no separation period applies; 2) A covered illness that is related to the first (e.g. two vascular illnesses, like heart attack and stroke), then a 6 month separation period applies; 3) The same covered illness as the first (e.g. two heart attacks) as allowed by the Recurrence Benefit, then a 6 month separation period applies.

**Exclusions.** This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide, attempted suicide or intentionally self-inflicted injury, whether sane or insane
- War or act of war, declared or undeclared
- A covered person's participation in a felony, riot or insurrection
- A covered person's engaging in any illegal occupation
- A covered person's service in the armed forces or units auxiliary to them

**General Limitations.** Benefits under the policy are not payable for any covered illness:

- Diagnosed prior to the effective date of insurance for a covered person (except for newborn children)
- Diagnosed during an applicable benefit separation period
- For which a covered person has already received a benefit payment under the policy, unless the covered illness is included in a recurrence provision
- For which a covered person has already received a benefit payment under the recurrence provision

In addition, benefits are not payable for any critical illness not included as a covered illness in your certificate.

## NOTICES

THIS POLICY PROVIDES LIMITED BENEFITS FOR SPECIFIED DISEASES ONLY.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In NY: This policy provides limited benefits health insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services.

Please note: For residents of CA, GA, NJ and NY, since this is a limited benefit health product, persons without comprehensive health benefits from an individual or group health insurance policy or an HMO, or an employer plan providing essential health benefits are not eligible for this insurance. In addition, NY residents covered by another Critical Illness or specified disease plan are not

eligible for coverage. For residents of CT, ID, ME, NH, and WV, a person covered by any Title XIX program (Medicaid or any similar name) is not eligible for this insurance.

5962f NS 08/16 © 2016. The Hartford Financial Services Group, Inc. All rights reserved. critical illness Form Series includes GBD-2600, GBD-2700, or state equivalent.

**Prepare. Protect. Prevail. With The Hartford. ®**

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT.

This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. **Benefits are subject to state availability. Policy terms and conditions vary by state.** Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

# Schertz Cibolo Universal City ISD - Premium Worksheet



Rates and/or benefits can change. Rates are based on the employee's age and increase as you enter each new age category.

<b>VOLUNTARY CRITICAL ILLNESS INSURANCE</b>													
<b>Monthly Premium Amount (Cost per Pay Period – 12/Year)</b>													
Benefit Amount	Age	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69		
\$10,000	Employee Only	\$2.93	\$3.95	\$5.59	\$8.37	\$13.18	\$19.62	\$27.86	\$38.98	\$54.10	\$71.00		
	Employee & Spouse/Partner	\$5.83	\$7.86	\$11.18	\$16.83	\$26.77	\$40.20	\$57.39	\$80.58	\$111.82	\$146.46		
	Employee & Child(ren)	\$5.36	\$6.42	\$8.08	\$10.87	\$15.65	\$22.06	\$30.27	\$41.35	\$56.41	\$73.25		
	Employee & Family	\$8.89	\$11.05	\$14.42	\$20.07	\$29.93	\$43.25	\$60.35	\$83.43	\$114.52	\$149.03		
\$20,000	Employee Only	\$4.86	\$6.84	\$10.08	\$15.56	\$25.08	\$37.86	\$54.24	\$76.35	\$106.42	\$140.06		
	Employee & Spouse/Partner	\$9.68	\$13.64	\$20.18	\$31.34	\$50.99	\$77.60	\$111.76	\$157.87	\$219.99	\$288.93		
	Employee & Child(ren)	\$8.85	\$10.92	\$14.21	\$19.71	\$29.17	\$41.89	\$58.20	\$80.23	\$110.19	\$143.70		
	Employee & Family	\$14.80	\$19.01	\$25.65	\$36.82	\$56.29	\$82.70	\$116.68	\$162.57	\$224.41	\$293.07		
\$30,000	Employee Only	\$6.79	\$9.73	\$14.56	\$22.76	\$36.98	\$56.10	\$80.61	\$113.71	\$158.74	\$209.12		
	Employee & Spouse/Partner	\$13.53	\$19.41	\$29.18	\$45.85	\$75.21	\$115.01	\$166.14	\$235.16	\$328.16	\$431.41		
	Employee & Child(ren)	\$12.35	\$15.43	\$20.33	\$28.54	\$42.69	\$61.71	\$86.13	\$119.11	\$163.96	\$214.15		
	Employee & Family	\$20.71	\$26.97	\$36.88	\$53.56	\$82.66	\$122.16	\$173.02	\$241.71	\$334.29	\$437.12		

5962f NS 08/16 © 2016.The Hartford Financial Services Group, Inc. All rights reserved. Critical Illness Form Series includes GBD-1700, GBD-1701, or state equivalent.

<b>VOLUNTARY ACCIDENT INSURANCE</b>		
<b>Monthly Premium Amount (Cost per Pay Period – 12/Year)</b>		
COVERAGE TIER	LOW PLAN	HIGH PLAN
Employee Only	<b>\$6.05</b> (\$0.20 per day)	<b>\$11.65</b> (\$0.38 per day)
Employee & Spouse/Partner	<b>\$9.55</b> (\$0.31 per day)	<b>\$18.39</b> (\$0.60 per day)
Employee & Child(ren)	<b>\$9.89</b> (\$0.33 per day)	<b>\$19.21</b> (\$0.63 per day)
Employee & Family	<b>\$15.66</b> (\$0.51 per day)	<b>\$30.36</b> (\$1.00 per day)

5962g NS 08/16 © 2016.The Hartford Financial Services Group, Inc. All rights reserved. Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

## Prepare. Protect. Prevail. With The Hartford. ®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including issuing companies Hartford Life Insurance Company and Hartford Life and Accident Insurance Company. Home Office is Hartford, CT.

This document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Benefits are subject to state availability. Policy terms and conditions vary by state. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder.

# Accident Insurance

The Hartford | [www.thehartford.com](http://www.thehartford.com) | 800-523-2233

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



# GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS



Nearly 3 million  
emergency  
department visits  
every year are  
caused by youth  
sports.<sup>1</sup>

## Schertz-Cibolo-Universal City Independent School District

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.



To learn more about Accident insurance, visit  
[www.thehartford.com/employee-benefits/employees](http://www.thehartford.com/employee-benefits/employees)

## COVERAGE INFORMATION

You have a choice of two accident plans, which allows you the flexibility to enroll for the coverage that best meets your needs. This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		LOW PLAN	HIGH PLAN
Coverage Type		On and off-job (24 hour)	On and off-job (24 hour)
BENEFITS		LOW PLAN	HIGH PLAN
EMERGENCY, HOSPITAL & TREATMENT CARE			
Accident Follow-Up	Up to 3 visits per accident	\$75	\$150
Ambulance – Air	Once per accident	\$600	\$1,200
Ambulance – Ground	Once per accident	\$200	\$400
Blood/Plasma/Platelets	Once per accident	\$100	\$200
Daily Hospital Confinement	Up to 365 days per lifetime	\$100	\$200
Daily ICU Confinement	Up to 30 days per accident	\$200	\$400
Diagnostic Exam	Once per accident	\$100	\$200
Emergency Dental	Once per accident	Up to \$150	Up to \$300
Emergency Room	Once per accident	\$125	\$250
Health Screening Benefit	Once per year for each covered person	\$50	\$50
Hospital Admission	Once per accident	\$500	\$1,000
Initial Physician Office Visit	Once per accident	\$125	\$250
Lodging	Up to 30 nights per lifetime	\$75	\$150
Medical Appliance	Once per accident	\$60	\$125
Rehabilitation Facility	Up to 15 days per lifetime	\$75	\$150
Transportation	Up to 3 trips per accident	\$250	\$500
Urgent Care	Once per accident	\$125	\$250
X-ray	Once per accident	\$50	\$100
SPECIFIED INJURY & SURGERY		LOW PLAN	HIGH PLAN
Abdominal/Thoracic Surgery	Once per accident	\$750	\$1,500
Arthroscopic Surgery	Once per accident	\$200	\$400
Burn	Once per accident	Up to \$7,500	Up to \$15,000
Burn – Skin Graft	Once per accident for third degree burn(s)	25% of burn benefit	25% of burn benefit
Concussion	Up to 3 per year	\$100	\$200
Dislocation	Once per joint per lifetime	\$3750	Up to \$7,500
Eye Injury	Once per accident	\$100	\$200
Fracture	Once per bone per accident	Up to \$3,000	Up to \$6,000

Hernia Repair	Once per accident	\$75	\$150
Knee Cartilage	Once per accident	Up to \$400	Up to \$800
Laceration	Once per accident	Up to \$300	Up to \$600
Ruptured Disc	Once per accident	\$400	\$800
Tendon/Ligament/Rotator Cuff	Once per accident	Up to \$600	Up to \$1,200
<b>CATASTROPHIC</b>		<b>LOW PLAN</b>	<b>HIGH PLAN</b>
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	\$25,000	\$50,000
Common Carrier Death	Within 90 days	3 times death benefit	3 times death benefit
Coma	Once per accident	Up to \$7,500	Up to \$15,000
Dismemberment	Once per accident	Up to \$25,000	Up to \$50,000
Home Health Care	Up to 30 days per accident	\$25	\$50
Paralysis	Once per accident	Up to \$7,500	Up to \$15,000
Prosthesis	Once per accident	Up to \$750	Up to \$1,500
<b>FEATURES</b>		<b>LOW PLAN</b>	<b>HIGH PLAN</b>
Ability Assist® EAP <sup>2</sup> – 24/7/365 access to help for financial, legal or emotional issues		Included	Included
HealthChampion <sup>SM3</sup> – Administrative & clinical support following serious illness or injury		Included	Included

## PREMIUMS

The amounts shown are monthly amounts (12 payments/deductions per year):<sup>4</sup>

COVERAGE TIER	LOW PLAN	HIGH PLAN
Employee Only	<b>\$6.05</b> (\$0.20 per day)	<b>\$11.65</b> (\$0.38 per day)
Employee & Spouse/Partner	<b>\$9.55</b> (\$0.31 per day)	<b>\$18.39</b> (\$0.60 per day)
Employee & Child(ren)	<b>\$9.89</b> (\$0.33 per day)	<b>\$19.21</b> (\$0.63 per day)
Employee & Family	<b>\$15.66</b> (\$0.51 per day)	<b>\$30.36</b> (\$1.00 per day)

## ASKED & ANSWERED

### WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time or part-time employee who works at least 20 hours per week on a regularly scheduled basis, and are less than age 80.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

### CAN I INSURE MY DOMESTIC OR CIVIL UNION PARTNER?

Yes. Any reference to “spouse” in this document includes your domestic partner, civil union partner or equivalent, as recognized and allowed by applicable law.

### AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family’s health. All you have to do is elect the coverage to become insured.

### HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided above. You have a choice of plan options. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don’t have to worry about writing a check or missing a payment.

### WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period.

### WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility), unless already insured with the prior carrier.

### **WHEN DOES THIS INSURANCE END?**

This insurance will end when you or your dependents no longer satisfy the applicable eligibility conditions, or when you reach the age of 80, premium is unpaid, you are no longer actively working, you leave your employer, or the coverage is no longer offered.

### **CAN I KEEP THIS INSURANCE IF I LEAVE MY EMPLOYER OR AM NO LONGER A MEMBER OF THIS GROUP?**

Yes, you can take this coverage with you. Coverage may be continued for you and your dependent(s) under a group portability policy. Your spouse may also continue insurance in certain circumstances. The specific terms and qualifying events for portability are described in the certificate.

<sup>1</sup>National Health Statistics Reports, November 2019. CDC/National Center for Health Statistics: <https://www.cdc.gov/nchs/data/nhsr/nhsr133-508.pdf>, as viewed as of 10/14/2020

<sup>2</sup>AbilityAssist® services are offered through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Ability Assist is a registered trademark of The Hartford. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

<sup>3</sup>HealthChampion® services are provided through The Hartford by ComPsych®. ComPsych is not affiliated with The Hartford and is not a provider of insurance services. The Hartford doesn't provide basic hospital, basic medical, or major medical insurance. HealthChampion specialists are only available during business hours. Inquiries outside of this timeframe can either request a call-back the next day or schedule an appointment. The Hartford is not responsible and assumes no liability for the goods and services provided by ComPsych and reserves the right to discontinue any of these services at any time. Health Champion is a service mark of ComPsych. Services may not be available in all states. Visit <https://www.thehartford.com/employee-benefits/value-added-services> for more information.

<sup>4</sup>Rates and/or benefits may be changed on a class basis.

### **The Buck's Got Your Back®**

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

The Hartford compensates both internal and external producers, as well as others, for the sale and service of our products. For additional information regarding Hartford's compensation practices, please review our website <http://thehartford.com/group-benefits-producer-compensation>. Accident Form Series includes GBD-2000, GBD-2300, or state equivalent. 5962g NS 08/21

# LIMITATIONS & EXCLUSIONS



This insurance coverage includes certain limitations and exclusions. The certificate details all provisions, limitations, and exclusions for this insurance coverage. A copy of the certificate can be obtained from your employer.

## GROUP ACCIDENT INSURANCE LIMITATIONS AND EXCLUSIONS

The benefits payable are based on the insurance in effect on the date of the covered accident, subject to the definitions, limitations, exclusions and other provisions of the policy.

You and your dependent(s) must be citizens or legal residents of the United States, its territories and protectorates.

This insurance does not provide benefits for any loss that results from or is caused by:

- Suicide or attempted suicide, whether sane or insane, or intentionally self-inflicted injury
- War or act of war, whether declared or undeclared, or a nuclear, chemical, biological, or radiological event
- A covered person's participation in a felony, riot or insurrection
- A covered person's service in the armed forces or units auxiliary to it
- A covered person's taking drugs, unless as prescribed by or administered by a physician, or being intoxicated as defined by the jurisdiction in which the cause of loss was incurred
- A covered person's sickness or bacterial infection
- A covered person's participation in bungee jumping or hang gliding
- A covered person's participation or competition in semi-professional or professional sports
- Cosmetic surgery or any other elective procedure that is not medically necessary
- While a covered person is on any aircraft: as a pilot, crewmember or student pilot; as a flight instructor or examiner; if it is owned, operated or leased by or on behalf of the policyholder, or any employer or organization whose eligible persons are covered under the policy; or being used for tests, experimental purposes, stunt flying, racing or endurance tests
- Operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test

All exclusions may not be applicable, or may be adjusted, as required by state regulations in the situs state of a group.

## NOTICES

THIS IS A LIMITED ACCIDENT ONLY BENEFIT POLICY

### THIS POLICY IS A LIMITED ACCIDENT ONLY BENEFIT POLICY.

This limited benefit plan (1) does not constitute major medical coverage, and (2) does not satisfy the individual mandate of the Affordable Care Act (ACA) because the coverage does not meet the requirements of minimum essential coverage. In New York: This Accident policy provides ACCIDENT insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Department of Financial Services. IMPORTANT NOTICE—THIS POLICY DOES NOT PROVIDE COVERAGE FOR SICKNESS.

5962g NS 05/21 Accident Form Series includes GBD-2000, GBD-2300, or state equivalent.

### The Buck's Got Your Back®

The Hartford® is The Hartford Financial Services Group, Inc. and its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company. Home Office is Hartford, CT. All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. This Benefit Highlights document explains the general purpose of the insurance described, but in no way changes or affects the policy as actually issued. In the event of a discrepancy between this document and the policy, the terms of the policy apply. Complete details are in the Certificate of Insurance issued to each insured individual and the Master Policy as issued to the policyholder. Benefits are subject to state availability. © 2020 The Hartford.

# Medical Transport

Masa | [www.masamts.com](http://www.masamts.com) | 800-643-9023

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

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

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



# Why choose MASA?

**MASA protects your finances and gives you compassionate support for medical transport.**

No one should have to worry about transport bills during or after an emergency. Unfortunately — even for the insured — these costly bills have become a normal, expected part of emergency care and continue to rise every year.

MASA is the simple solution to a complex problem for millions of Americans. As the leading provider of emergency and medical transport benefits, MASA supports members by protecting them from out-of-pocket costs for medical transport while also offering services for use during recovery and beyond.

## 1 in 15 families

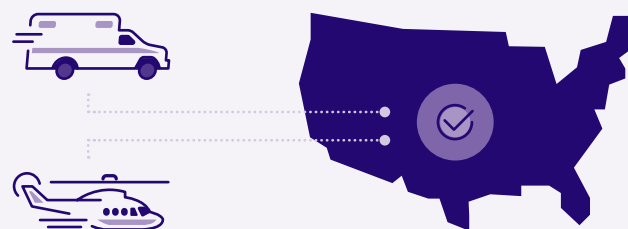
need an ambulance each year



**MASA has been trusted for over 50 years and supports 2 million members globally.**



**Emergency medical transports are covered nationwide — no network needed for MASA protection.**




**Specialized services for emergencies away from home are available — like return transports for the patient, their pets, vehicles, and children.**



**MASA claims team is focused on paying, not denying, with an easy process — just send us the bill.**



 **Enroll today!**

1: MASA, Emergency medical transportation: The true costs — and how they're rising, 2024  
2: FAIR Health, 2023

This material is for informational purposes only and does not provide any coverage. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. Premiums and benefits vary depending on the plan selected. For a complete list of benefits, premiums, terms, conditions, and restrictions, please refer to the applicable member services agreement or policy for your state. For additional information and disclosures about MASA plans, visit: <https://info.masaglobal.com/disclaimers>

# Compare plans

Get emergency medical transportation coverage to protect what matters most.

With a MASA plan, you'll have an additional layer of financial protection from the out-of-pocket costs of medical transportation. Explore the options below to compare the benefits offered in each plan.

Gain peace of mind and shield your finances knowing there's a MASA plan best suited for your needs.



	\$14	\$19	\$39
	Emergent Plus plan	Emergent Premier plan	Platinum plan
Emergency Ground Ambulance Coverage	● <sup>2</sup>	● <sup>2</sup>	● <sup>2</sup>
Emergency Air Ambulance Coverage	● <sup>2</sup>	● <sup>2</sup>	● <sup>2</sup>
Hospital to Hospital Ambulance Coverage	● <sup>2</sup>	● <sup>2</sup>	● <sup>2</sup>
Repatriation to Hospital Near Home Coverage	● <sup>2</sup>	● <sup>3</sup>	● <sup>4</sup>
Post Admission Continued Care Transportation Coverage		● <sup>1</sup>	
Sick While Away From Home Expense Protection		● <sup>4</sup>	
Minor Return Transportation Coverage		● <sup>3</sup>	● <sup>3</sup>
Pet Return Transportation Coverage		● <sup>3</sup>	● <sup>3</sup>
Patient Return Transportation Coverage			● <sup>4</sup>
Companion Transportation Coverage			● <sup>3</sup>
Companion Return Transportation Coverage			● <sup>3</sup>
Hospital Visitor Transportation Coverage			● <sup>3</sup>
Mortal Remains Transportation Coverage			● <sup>4</sup>
Vehicle & RV Return Coverage			● <sup>3</sup>
Organ Retrieval Transportation Coverage			● <sup>1</sup>

# Legal Plan



MetLife | [www.legalplans.com](http://www.legalplans.com) | 800-821-6400

Have you ever found yourself in need of legal advice, but aren't sure where to go? A voluntary group legal plan helps fill that need. It provides you with access to professional lawyers at a low monthly rate. For just a few dollars a month, you can consult with a lawyer about having your will prepared, reviewing documents, contesting a traffic ticket, lawsuits, divorce and so much more. Expert legal advice is available at your fingertips.



## Cover the costs on a wide range of common legal issues with a Legal Plan.

Access experienced attorneys to help with estate planning, home sales, tax audits and more.

### Powerful legal protection on your side

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you can trust. With MetLife Legal Plans, you have access to the expert guidance and tools you need to navigate a broad range of personal legal needs. Whether you're buying or selling a home, starting a family, or caring for aging parents, the benefit provides protection at every step.

**Reduce the out-of-pocket cost of legal services with MetLife Legal Plans.**

#### How it works

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.<sup>1</sup>

Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a monthly fee conveniently paid through payroll deduction, an expert is on your side as long as you need them.

#### Estate planning at your fingertips

Our website provides you with the ability to create wills, living wills and powers of attorney online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. In states where available, you also have access to sign and notarize your documents online through our video notary feature.<sup>2</sup>

#### How to use the plan

##### 1. Find an attorney

Create an account at **members.legalplans.com** to see your coverages and select an attorney for your legal matter. Or, give us a call at **800-821-6400** for assistance.

##### 2. Make an appointment

Call the attorney you select and schedule a time to talk or meet.

##### 3. That's it!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

# Helping you navigate life's planned and unplanned events.

For a monthly fee, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter. And, for non-covered matters that are not otherwise excluded, your plan provides four hours of network attorney time and services per year.<sup>3</sup>

Money Matters	<ul style="list-style-type: none"> <li>• Debt Collection Defense</li> <li>• Identity Theft Defense</li> <li>• Identity Restoration<sup>4</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Negotiations with Creditors</li> <li>• Personal Bankruptcy</li> <li>• Promissory Notes</li> </ul>	<ul style="list-style-type: none"> <li>• Tax Audit Representation</li> <li>• Tax Collection Defense</li> </ul>
Home & Real Estate	<ul style="list-style-type: none"> <li>• Boundary or Title Disputes</li> <li>• Deeds</li> <li>• Eviction Defense</li> <li>• Foreclosure</li> </ul>	<ul style="list-style-type: none"> <li>• Home Equity Loans</li> <li>• Mortgages</li> <li>• Property Tax Assessments</li> <li>• Refinancing of Home</li> </ul>	<ul style="list-style-type: none"> <li>• Sale or Purchase of Home</li> <li>• Security Deposit Assistance</li> <li>• Tenant Negotiations</li> <li>• Zoning Applications</li> </ul>
Estate Planning	<ul style="list-style-type: none"> <li>• Codicils</li> <li>• Complex Wills</li> <li>• Healthcare Proxies</li> <li>• Living Wills</li> </ul>	<ul style="list-style-type: none"> <li>• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)</li> </ul>	<ul style="list-style-type: none"> <li>• Revocable &amp; Irrevocable Trusts</li> <li>• Simple Wills</li> </ul>
Family & Personal	<ul style="list-style-type: none"> <li>• Adoption</li> <li>• Affidavits</li> <li>• Conservatorship</li> <li>• Demand Letters</li> <li>• Garnishment Defense</li> <li>• Guardianship</li> <li>• Immigration Assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Juvenile Court Defense, Including Criminal Matters</li> <li>• Name Change</li> <li>• Parental Responsibility Matters</li> <li>• Personal Property Protection</li> </ul>	<ul style="list-style-type: none"> <li>• Prenuptial Agreement</li> <li>• Protection from Domestic Violence</li> <li>• Review of ANY Personal Legal Document</li> <li>• School Hearings</li> </ul>
Civil Lawsuits	<ul style="list-style-type: none"> <li>• Administrative Hearings</li> <li>• Civil Litigation Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Disputes Over Consumer Goods &amp; Services</li> <li>• Incompetency Defense</li> </ul>	<ul style="list-style-type: none"> <li>• Pet Liabilities</li> <li>• Small Claims Assistance</li> </ul>
Elder-Care Issues	Consultation & Document Review for your parents: <ul style="list-style-type: none"> <li>• Deeds</li> <li>• Leases</li> </ul>	<ul style="list-style-type: none"> <li>• Medicaid</li> <li>• Medicare</li> <li>• Notes</li> <li>• Nursing Home Agreements</li> </ul>	<ul style="list-style-type: none"> <li>• Powers of Attorney</li> <li>• Prescription Plans</li> <li>• Wills</li> </ul>
Traffic & Other Matters	<ul style="list-style-type: none"> <li>• Defense of Traffic Tickets<sup>5</sup></li> </ul>	<ul style="list-style-type: none"> <li>• Driving Privileges Restoration</li> </ul>	<ul style="list-style-type: none"> <li>• Repossession</li> </ul>
Rate	Employee Paid: \$18.00 Cost per employee per month (covers spouse and dependents)		

To learn more about your coverages, view our attorney network or grant your dependents access, create an account.

Your account will also give you access to our self-help document library to complete simple legal forms. The forms are available to you, regardless of enrollment.

Create an account at [members.legalplans.com](https://members.legalplans.com) or scan the QR code.

Questions? Call the MetLife Legal Plans Client Service Center at 800-821-6400 Monday—Friday, 8:00 a.m. to 8:00 p.m., ET.

1. The Participant will be reimbursed according to the set fee schedule, the lesser of the maximum reimbursement amount or the attorney's actual charge. You will be responsible to pay the difference, if any, between the plan's payment and the non-plan attorney's charge for services. MetLife Legal Plans is not responsible for legal work performed by out-of-network attorneys.
2. Digital notary and signing is not available in all states.
3. No more than a combined maximum total of four hours of attorney time and service are provided for the member, spouse and qualified dependents, annually.
4. Aura is a product of Aura Sub, LLC. Aura Sub, LLC is not affiliated with MetLife, and the services and benefits they provide are separate and apart from any MetLife product.
5. Does not cover DUI.

Group legal plans are administered by MetLife Legal Plans, Inc., Cleveland, Ohio. In California, this entity operates under the name MetLife Legal Insurance Services. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan General Insurance Company, Warwick, RI. For costs and complete details of the coverage, call or write the company. Some services not available in all states. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife and affiliates and plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm and business matters, including rental issues when the participant is the landlord; 6) patent, trademark and copyright matters; 7) costs and fines; 8) frivolous or unethical matters; 9) matters for which an attorney client relationship exists prior to the participant becoming eligible for plan benefits. Coverage for defense of criminal matters is excluded from insurance coverage for individuals located in New York. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters. Please see your plan description for details. [NL 241]



# Identity Theft Protection

ILock 360 | [www.ilock360.com](http://www.ilock360.com) | 855-287-8888

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

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

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





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



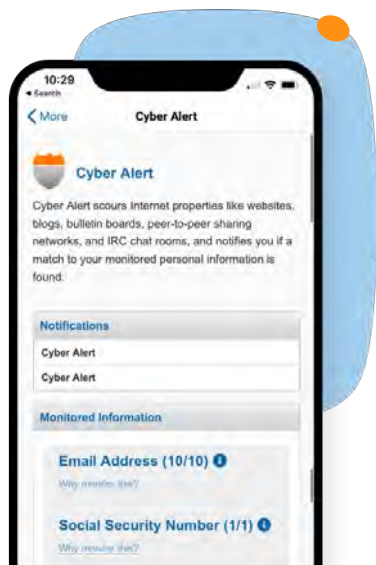
**39 seconds** is how often cyber-attacks to occur

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

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

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

## How iLOCK360 helps



### Defend

Your personal information is monitored 24 / 7 / 365



### Protect

Alerts inform you of potential threats for immediate action



### Restore

iLOCK360 does the work to restore your identity

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

Monthly payroll deduction

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

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

Protect your identity **TODAY!**

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

# Learn more about the protections that iLOCK360 offers:

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

 adults
  Children to age 18
  adults
  Children to age 18



# Activation guide



## Welcome email

All iLOCK360 subscribers receive a Welcome Email on the first day of service.

This email explains how to access your iLOCK360 account and utilize the features included with your plan.

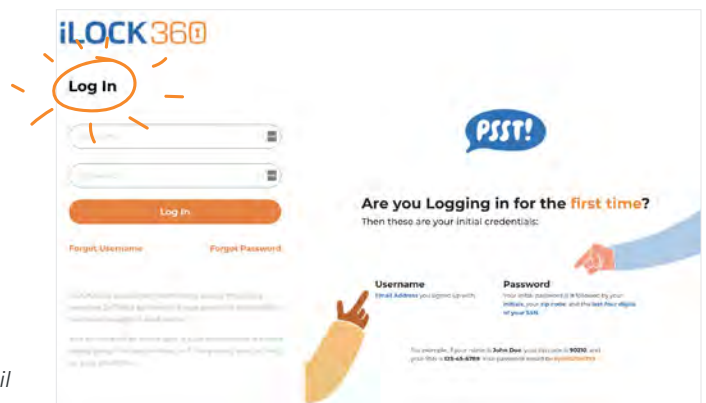
If you experience issues accessing your account, or you do not receive the Welcome Email, please contact iLOCK360: (855) 287-8888



## Setting up your iLOCK360 account

1. Visit [www.iLOCK360.com](http://www.iLOCK360.com)
2. Click "Log In"

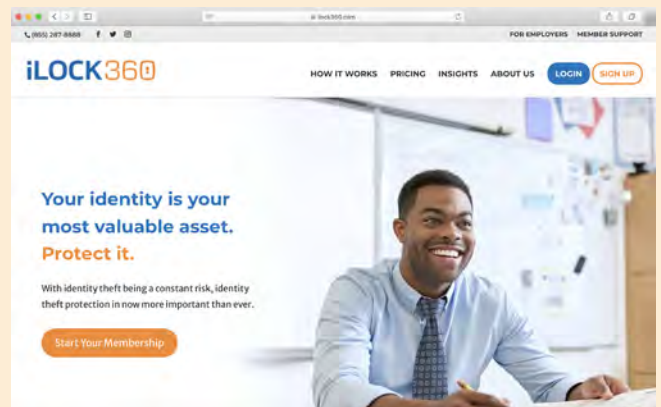
*PLEASE NOTE: This information is also shared in the Welcome Email that is sent to you on the first day of service.*



## Initial login credentials

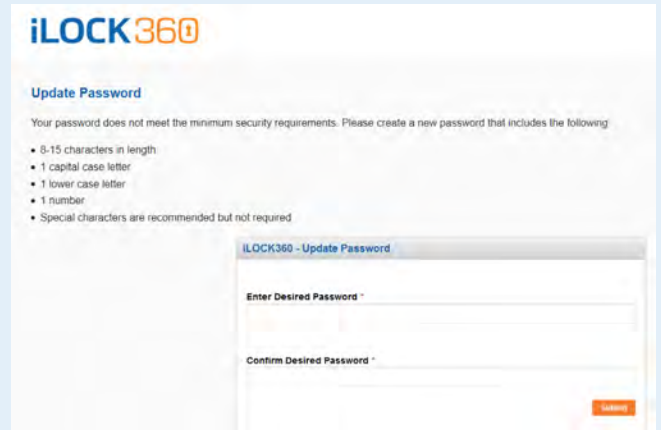
To access your iLOCK360 account for the first time you will use:

- **Username:** The email address you used to sign up for iLOCK360.
- **Password:** Your initial password is # followed by your first initial and then your second initial, followed by your zip code (provided during enrollment) and then lastly the last four digits of your Social Security Number.



## Create an account password

- Once you login to your account for the first time, you will be prompted to create a password.
- We recommend you choose a password that is not used for any other accounts and is unique to you.

A screenshot of the iLOCK360 'Update Password' web form. The header shows the iLOCK360 logo. Below it, the title 'Update Password' is followed by a message: 'Your password does not meet the minimum security requirements. Please create a new password that includes the following'. A bulleted list of requirements is shown: 8-15 characters in length, 1 capital case letter, 1 lower case letter, 1 number, and Special characters are recommended but not required. The form contains two input fields: 'Enter Desired Password \*' and 'Confirm Desired Password \*'. A red 'Submit' button is at the bottom right.

### What is Knowledge Based Authentication?

These are questions that are derived from a composite of information pulled from commercially available data sources such as credit reporting agencies and public records.

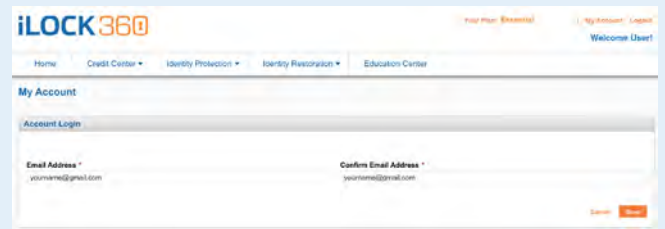
## Identity verification process

- You **must complete** the Identity Verification Process in order to authenticate your account.
- iLOCK360 will ensure you are who you say you are by using an industry- standard procedure called "Knowledge Based Authentication."
- As a security precaution, you will be locked out of your account if any answer you provide is incorrect. If an account lockout occurs, you will need to contact iLOCK360 at (855) 287-8888



## Preferred email address

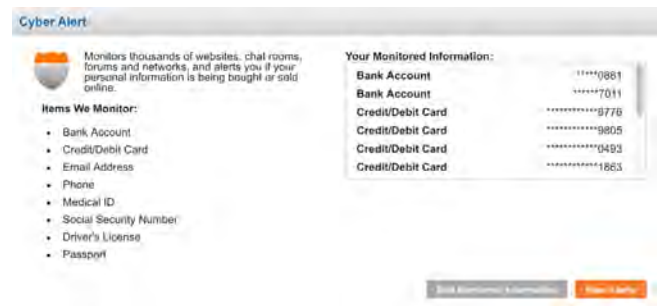
- Your iLOCK360 account alerts and notifications will be sent to the email address you provided during your enrollment.
- Take a moment to consider which email address is best for you to receive your alerts in a timely fashion.



The screenshot shows the 'My Account' page of the iLOCK360 website. The 'Account Login' section is highlighted, showing two input fields: 'Email Address' and 'Confirm Email Address'. Both fields contain the placeholder text 'yourname@gmail.com'. There are 'Save' and 'Cancel' buttons at the bottom right of the form.

## Update monitored information

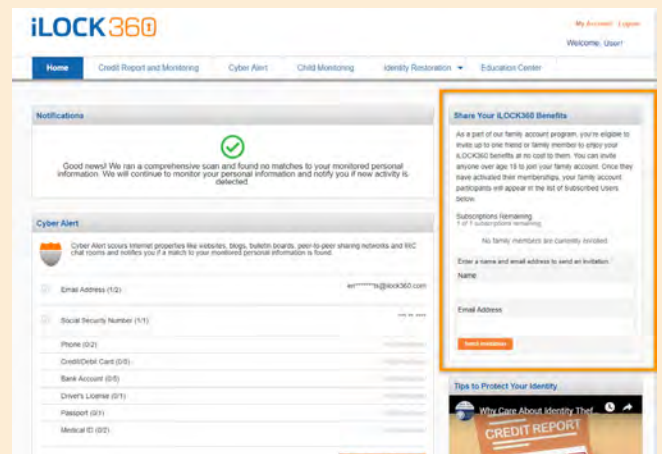
- Take a moment to review all of the features included with your iLOCK360 plan.
- While logged into your account, add any additional information you want iLOCK360 to monitor.



The screenshot shows the 'Cyber Alert' page. On the left, under 'Items We Monitor:', there is a list: Bank Account, Credit/Debit Card, Email Address, Phone, Medical ID, Social Security Number, Driver's License, and Passport. On the right, under 'Your Monitored Information:', there is a table with columns for the item type and its value. The table lists: Bank Account (\*\*\*\*0881), Bank Account (\*\*\*\*7011), Credit/Debit Card (\*\*\*\*\*9776), Credit/Debit Card (\*\*\*\*\*9805), Credit/Debit Card (\*\*\*\*\*0493), and Credit/Debit Card (\*\*\*\*\*1863). At the bottom, there are buttons for 'Bank Monitoring Information' and 'View My Alerts'.

## How to setup a spouse account

- If you elected iLOCK360 coverage that includes your Spouse, you can send your Spouse an email invitation to setup their own account.
- Please note: Your Spouse will need to sign up using their own unique email address. iLOCK360 requires each login to use a unique email address.



The screenshot shows the 'Share Your iLOCK360 Benefits' page. It includes a 'Notifications' section with a green checkmark and a message: 'Good news! We ran a comprehensive scan and found no matches to your monitored personal information. We will continue to monitor your personal information and notify you if new activity is detected.' Below this is the 'Cyber Alert' section with a list of monitored items: Email Address (1/2), Social Security Number (1/1), Phone (0/2), Credit/Debit Card (0/6), Bank Account (0/6), Driver's License (0/1), Passport (0/1), and Medical ID (0/2). On the right, the 'Share Your iLOCK360 Benefits' section explains that as a part of the family account program, users are eligible to invite up to one friend or family member to enjoy their iLOCK360 benefits at no cost to them. It includes a form to 'Enter a name and email address to send an invitation' with fields for 'Name' and 'Email Address', and a 'Send Invitation' button. At the bottom, there is a 'Tips to Protect Your Identity' section with a video thumbnail titled 'Why Care About Identity Theft?' and a 'CREDIT REPORT' button.

# We have officially launched our app

Download it on your phone today!

## Here's how to get started:

### Step 1

Go to the App Store on your device.



### Step 2

Type iLOCK360 in the search bar.



### Step 3

Once you click on the first option, you will see this screen. Press the GET button to download the application.



### Step 4

Once the app is downloaded on your device, open it and use the same credentials you use on our website portal to sign in.



## More account information

### *Adult subscribers*

- All adult individuals will use their own Social Security Number, Date of Birth and email address in order to register their own account, not the Primary Employee's details.
- If you signed up for coverage that includes your Spouse, and can send them an invitation to setup their iLOCK360 account while you're logged into your own iLOCK360 account (see page 9 for details).

### *Minor dependents*

- Minor dependents (under18) will be considered "activated" once their guardian whose plan they are under logs in and completes the Identity Verification Process. The child does not need to individually complete this process.
- Minor dependents do not have a "dashboard" due to COPPA laws, but will receive alerts at their parent's email address.
- The account holder (i.e. parent/guardian) can be assisted with Minor dependent alerts over the phone.
- When a Minor turns 18, they will no longer be eligible for coverage under this benefit enrollment election due to COPPA laws. They can contact iLOCK360 at (855) 287-8888 to create their own account.



# Voluntary Retirement Plans



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

## 403(b) Retirement Plan

Research shows that Americans are living well past retirement years. Are you saving enough to be able to enjoy those years? A 403(b) plan can help you get there.

It’s an IRS-approved retirement plan that allows you to set aside money on a pre-tax basis for your retirement. Contributions are conveniently made through payroll deduction, so money is moved from your paycheck into the account automatically. Plus, you employer may even match your contributions based on how much you put into the plan. Now is the time to take full advantage of this opportunity to maximize your retirement savings!

## 457(b) Retirement Plan

The 457(b) plan is an employer-sponsored voluntary retirement savings plan that allows you to save money for retirement on a tax-deferred or ROTH basis. One significant way the 457(b) differs from the 403(b) is that distributions are never subject to the 10 percent tax for early withdrawal.

Contribution Limits	
2024	2025
\$23,000	\$23,500
Participants aged 50 and older at any time during the calendar year are permitted to contribute an additional \$7,500.	

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



TeleWealth™ Virtual Assistance

## Financial guidance is just a click away

Ready to retire soon? Dreaming about retiring someday? Need help brainstorming how to manage your debt, build your credit, or explore student loan forgiveness? At TCG, we want to help you approach your finances with confidence.



**Retirement Plan Specialist Dominick Zucconi can help you create a plan of action to meet your goals.**

### We'll meet you where you are

As disruptions arise, we know your questions do too. Through TeleWealth™ Virtual Consultations, we can help you create a plan to manage your financial situation so you can focus on taking care of your family.

We're here to provide unbiased assistance through phone or live video chat right from your desktop or mobile device.

We can address topics like:

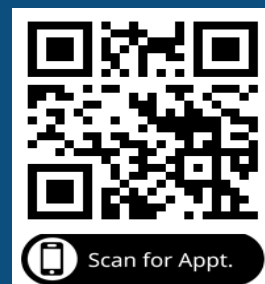
- Retirement and investment planning
- Debt counseling
- Preparing an emergency budget
- Exploring investment and cash flow strategies
- How to consolidate old employer plans

**Consultations are provided at no cost to you.**



Schedule a TeleWealth Meeting  
**[www.tcgservices.com/ Dzucconi](http://www.tcgservices.com/Dzucconi)**

For extended hours or weekends, please email [dzucconi@tcgservices.com](mailto:dzucconi@tcgservices.com)



Scan for Appt.

## **It's never too early or too late to start investing in your Financial Independence!**

We encourage all employees to participate in voluntary retirement plans to build savings for life after retirement. We have partnered with TCG, a HUB International company to give every employee an opportunity to speak with a professional about their unique situation and create a strategy.

The following plans are available to you:

**457(b) Retirement Savings Plan** - Contributing regularly to a 457(b) can give you the power and confidence to retire with more in your pocket to cover housing, health care, vacations, bills, and other expenses upon retirement. You can start by contributing \$25 per paycheck and see your savings grow over time. If you leave a job or retire before age 59½ and need to withdraw your retirement funds from a 457(b), you won't pay a 10% tax penalty (only ordinary income tax).

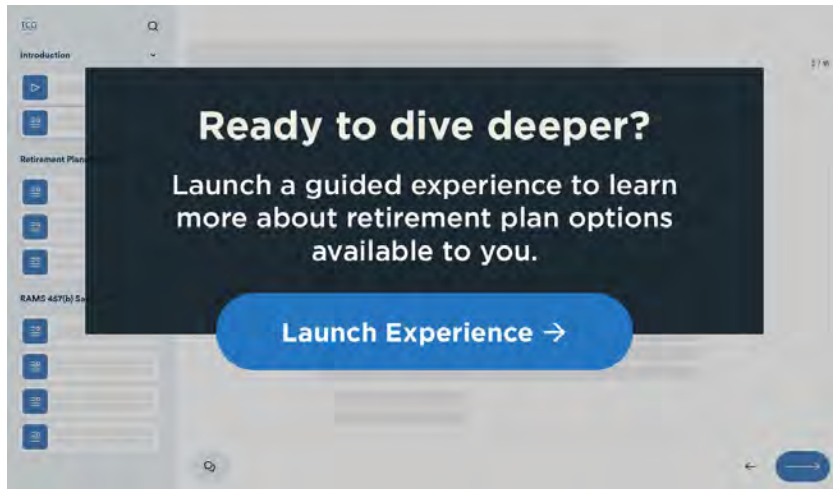
Participating in this district-sponsored 457(b) plan grants you additional special perks, including free access to a financial wellness program, a complimentary creation of a personal will, and free tax preparation services.

Get started at [www.region10rams.org/457](http://www.region10rams.org/457)

**403(b) Retirement Savings Plan** - Similar to a 457(b) plan, you can contribute to a 403(b) savings plan through payroll deductions. If you choose to save with 403(b) plans, To establish a 403(b) account, you must first select an investment provider from a list of approved vendors, and then elect contributions on a pre-tax or Roth basis. Once you have established your plan, TCG Administrators can help with distributions, transfers, loans, and rollovers.

Get started at [www.region10rams.org/403b](http://www.region10rams.org/403b)

**Want to learn more? Launch a guided experience!**



Click the image above or visit [www.region10rams.org/retirement-savings-guide](http://www.region10rams.org/retirement-savings-guide)

## **Get one-on-one assistance**

Schedule a free consultation, contact our district's Retirement Plan Specialist.

Dominick Zucconi  
Senior Retirement Plan Specialist

Book a meeting at: <https://tcgservices.com/dzucconi/>

Email: [dzucconi@tcgservices.com](mailto:dzucconi@tcgservices.com)

Phone: (210) 900-9322

Customer Service: 800-943-9179

# Hospital Indemnity Insurance

CIGNA | [www.cigna.com](https://www.cigna.com) | 800-244-6224

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

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

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



**IMPORTANT: This is a fixed indemnity policy,  
NOT health insurance**

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

**Looking for comprehensive health insurance?**

- **Visit [HealthCare.gov](https://www.healthcare.gov)** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

**Questions about this policy?**

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (**[naic.org](https://www.naic.org)**) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.



Insured by Cigna Health and Life Insurance Company

Employee-Paid

## HOSPITAL CARE COVERAGE

### SUMMARY OF BENEFITS

Prepared for: Schertz-Cibolo-Universal City Independent School District

Hospital Care coverage provides a benefit according to the schedule below when a Covered Person incurs a Hospital stay resulting from a Covered Injury or Covered Illness See State Variations (marked by \*) below.

#### Who Can Elect Coverage:

**Eligibility for You, Your Spouse and Your Children will be considered by Your employer.**

**You:** All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 20 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens or non-United States citizens legally working and living in the United States (Inpats) and their Spouse, Domestic Partner, or Civil Union Partner and Dependent Children who are United States citizens or permanent resident aliens or Spouse, Domestic Partner, or Civil Union Partner or Dependent Child Inpats and who are legally residing in the United States.

You will be eligible for coverage the first of the month after 30 days from date of hire or Active Service.

**Your Spouse/Domestic Partner:** Up to age 100, as long as you apply for and are approved for coverage yourself.

**Your Child(ren):** Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

#### Available Coverage:

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand the terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

**Benefit Waiting Period:**\* None, unless otherwise stated. No benefits will be paid for a loss which occurs during the Benefit Waiting Period.

NOTE: This insurance is NOT a substitute for comprehensive or major medical insurance coverage.

Hospitalization Benefits	Plan 1	Plan 2
<b>Hospital Admission</b> (Non-ICU and ICU) No Elimination Period. Limited to 1 day, 1 benefit(s) every 30 days.	\$1,000	\$1,500
<b>Hospital Stay</b> No Elimination Period. Limited to 365 days, 1 benefit(s) every 30 days.	\$100	\$200
<b>Hospital Intensive Care Unit (ICU) Stay</b> Day 1 (Additional ICU Admission + Per Day) Day 2 - 365 (Per Day) No Elimination Period. Limited to 365 days, 1 benefit(s) every 30 days.	\$1,200 one time \$200 per day	\$1,900 one time \$400 per day
<b>Newborn Nursery Care Admission</b> Limited to 1 day, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	\$200	\$200

Additional Benefits	Plan 1	Plan 2
<b>Wellness Treatment, Health Screening Test and Preventative Care Benefit*</b> Also includes COVID-19 Immunization, Tests, and Screenings. Virtual Care accepted.	\$50, limited to 1 per year.	\$50, limited to 1 per year.

**Portability Feature:**\* You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be covered under the policy and be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Only available to United States Citizens, Permanent Resident Aliens and non-United States Citizens working in the United States lawfully (Inpats) while residing in the United States.

### Employee's Monthly Cost of Coverage:

Tier	Plan 1	Plan 2
Employee Only	\$14.70	\$21.00
Employee and Spouse	\$28.00	\$40.00
Employee and Child(ren)	\$22.40	\$32.00
Employee and Family	\$35.00	\$50.00

*Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.*

**NOTE: The following are some of the important policy provisions, terms and conditions that apply to benefits described in the policy. This is not a complete list. See your Certificate of Insurance for more information.**

**Benefit Amounts Payable:** Benefits for all Covered Persons are payable at 100% of the Benefit Amounts shown, unless otherwise stated. Late applicants, if allowed under this plan, may be required to provide medical evidence of insurability.

### Benefit-Specific Conditions, Exclusions & Limitations (Hospital Care):

**Hospital Admission:** Must be admitted as an Inpatient due to a Covered Injury or Covered Illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).

**Hospital Stay:** Must be admitted as an Inpatient and confined to the Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. Hospital stays within 30 days for the same or a related Covered Injury or Covered Illness is considered one Hospital Stay.

**Intensive Care Unit (ICU) Stay:** Must be admitted as an Inpatient and confined in an ICU of a Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the Hospital Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. ICU stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one ICU stay.

**Newborn Nursery Care Admission:** Must be admitted as an Inpatient and confined in a Hospital immediately following birth at the direction and under the care of a physician.

### Common Exclusions and Limitations:

**Exclusions:\*** In addition to any benefit-specific exclusion, benefits will not be paid for any Covered Injury or Covered Illness which is caused by or results from any of the following (unless otherwise provided for in the policy): • Intentionally self-inflicted injury, suicide or any attempted threat while sane or insane; • Commission or attempt to commit a felony or an assault; • Declared or undeclared war or act of war; • A Covered Injury or Covered Illness that occurs while on active-duty service in the military, naval or air force of any country or international organization. Upon our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days; • Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. "Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Injury or Covered Illness occurred. (excludes WA residents); • Elective or cosmetic surgery. This does not include reconstructive, cosmetic surgery: a) incidental to or following surgery for trauma, infection or other disease of the involved part; or b) due to congenital disease or anomaly of a Covered Dependent child which has resulted in a functional defect; • Dental surgery, unless the surgery is the result of an accidental injury. In addition, benefits will not be paid for services or treatment rendered by a Physician, Nurse or any other person who is: employed or retained by the Subscriber or providing homeopathic, aroma-therapeutic or herbal therapeutic services or living in the Covered Person's household or a parent, sibling, spouse or child of the Covered Person.

### Important Definitions:

**Covered Illness:** A physical or mental disease or disorder including pregnancy and complications of pregnancy that results in a covered loss. A Covered Illness includes medically-necessary quarantine in a Hospital in conjunction with medically-necessary preventive treatment due to an identifiable exposure to a life-threatening contagious and infectious disease.

**Covered Injury:** Any bodily harm that results in a covered loss.

**Covered Person:** An eligible person, as defined in the Schedule of Benefits, who is enrolled and for whom Evidence of Insurability, where required, has been accepted by Us, required premium has been paid when due, and coverage under this Policy remains in force.

**Elimination Period:** The continuous period of time that must be satisfied before a benefit shown in the Schedule of Benefits is payable. An Elimination Period may be satisfied during the Policy's Benefit Waiting Period.

**Hospital:\*** An institution that is licensed as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of physicians; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis. The term Hospital does not include a clinic or facility for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug addiction or alcoholism; or (3) a facility primarily or solely providing psychiatric

### Important Definitions:

services to mentally ill patients. The term Hospital also does not include a unit of a Hospital for rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care.

### Policy Provisions:

**When your coverage begins:** Coverage begins on the later of the program's effective date, the date you become eligible, the first of the month following the date your completed enrollment form is received or if evidence of insurability is required, the first of the month after we have approved you (or your dependent) for coverage in writing unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for Covered Persons will not begin on the effective date if the covered person is confined to a hospital, facility or at home; disabled or receiving disability benefits or unable to perform activities of daily living. Deferral of the effective date will not apply to the Newborn Nursery Care Admission Benefit.

**When your coverage ends:** Coverage for any Covered Person ends on the earliest of the date they are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your Spouse and Dependent Child(ren), if applicable, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the *Continuation of Insurance* provisions in your Certificate.)

**30 Day Right To Examine Certificate:** If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

### \*State Variations

Spouse definition includes civil union partners in Vermont. **Hospital Stay, Hospital Intensive Care Unit (ICU) Stay, and Newborn Nursery Care Stay** the number of days benefits are payable may differ for residents of ID. **Hospital Stay Hospital Intensive Care Unit (ICU) Stay** benefits will always be included for residents of ND. **Hospital Stay** benefits will always be included for residents of AK. **Hospital Intensive Care Unit (ICU) Stay** Additional ICU Admission benefit is not available for residents of TX, NH. **Elimination Period** will not apply to residents ID and NH. **Exclusions** may vary for residents of MN, SC, SD, and WA. **Newborn Nursery Care Admission Benefits** are not available to residents in ID, NH, OR, and WA. **Portability** in TX, VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage. **Wellness Treatment, Health Screen Test or Preventive Care Incentive Benefit** are not available to residents of ID. The Wellness benefit does not include preventive care in NH. Wellness Treatment, Health Screening Test or Preventive Care Benefit dental and ophthalmological exam benefits are not available to residents of WA. Covid- 19 Test and Screening benefits are not available to residents of ID. Benefits may not be available to residents of NM.

### Series 1.0

THESE POLICIES PAY LIMITED BENEFITS ONLY. THEY ARE NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DO NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. For costs and details of coverage, contact a Cigna Healthcare representative. Accidental Injury, Critical Illness, and Hospital Care plans or insurance policies are distributed exclusively by or through operating subsidiaries of The Cigna Group, including Cigna Health and Life Insurance Company (Bloomfield, CT). The Cigna Healthcare names, logos, and marks are owned by Cigna Intellectual Property, Inc.

Terms and conditions of coverage for coverage are set forth in Group Policy No. HC112374. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, benefits, riders, covered conditions, policy provisions and/or features may vary by state. Please keep this material as a reference.

# COBRA

First Financial Administrators, Inc. | [www.ffga.com](http://www.ffga.com) | 800-523-8422, option 4

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

## COBRA Highlights

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

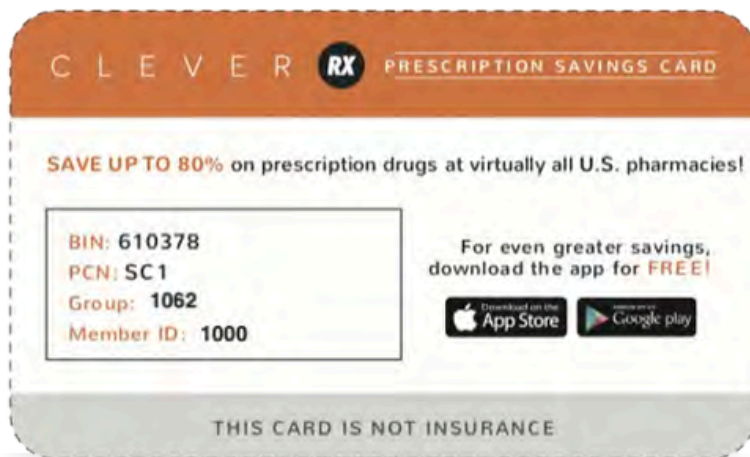


# Clever RX

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

*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>.

## Clever RX 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 to unlock exclusive savings at over 60,000 pharmacies nationwide.
- Available to use now!

# Contact Information

Product	Carrier	Website	Phone
Medical	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	800-872-3862
Dental	Ameritas	<a href="http://www.ameritas.com">www.ameritas.com</a>	800-487-5553
Vision	VSP	<a href="http://www.vsp.com">www.vsp.com</a>	800-877-7195
Permanent Life	Texas Life	<a href="http://www.texaslife.com">www.texaslife.com</a>	800-283-9233
Disability	The Hartford	<a href="http://www.thehartford.com">www.thehartford.com</a>	800-523-2233
Cancer	Metlife	<a href="http://www.metlife.com">www.metlife.com</a>	800-638-6420
Critical Illness	The Hartford	<a href="http://www.thehartford.com">www.thehartford.com</a>	800-523-2233
Accident	The Hartford	<a href="http://www.thehartford.com">www.thehartford.com</a>	800-523-2233
Medical Transport	MASA	<a href="http://www.masamts.com">www.masamts.com</a>	800-643-9023
Hospital Indemnity	Cigna	<a href="http://www.cigna.com">www.cigna.com</a>	800-244-6224
Employer Life	United Healthcare	<a href="http://www.uhc.com">www.uhc.com</a>	888-887-9003
Group & Vol Life	United Healthcare	<a href="http://www.uhc.com">www.uhc.com</a>	888-887-9003
Identity Theft Protection	iLock 360	<a href="http://www.ilock360.com">www.ilock360.com</a>	855-287-8888
Prescription	Express Scripts	<a href="http://www.express-scripts.com">www.express-scripts.com</a>	800-282-2881
Urgent Care	Next Level	<a href="http://www.nextlevelurgentcare.com">www.nextlevelurgentcare.com</a>	832-957-6200
FSA & HSA	FFGA	<a href="http://www.ffga.com">www.ffga.com</a>	866-853-3539
Retirement	TCG	<a href="http://www.tcgservices.com">www.tcgservices.com</a>	800-943-9179