

Schertz-Cibolo-Universal City ISD  
2026

# BENEFITS GUIDE



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

# Employee Benefits Center

## A guide to your benefits!

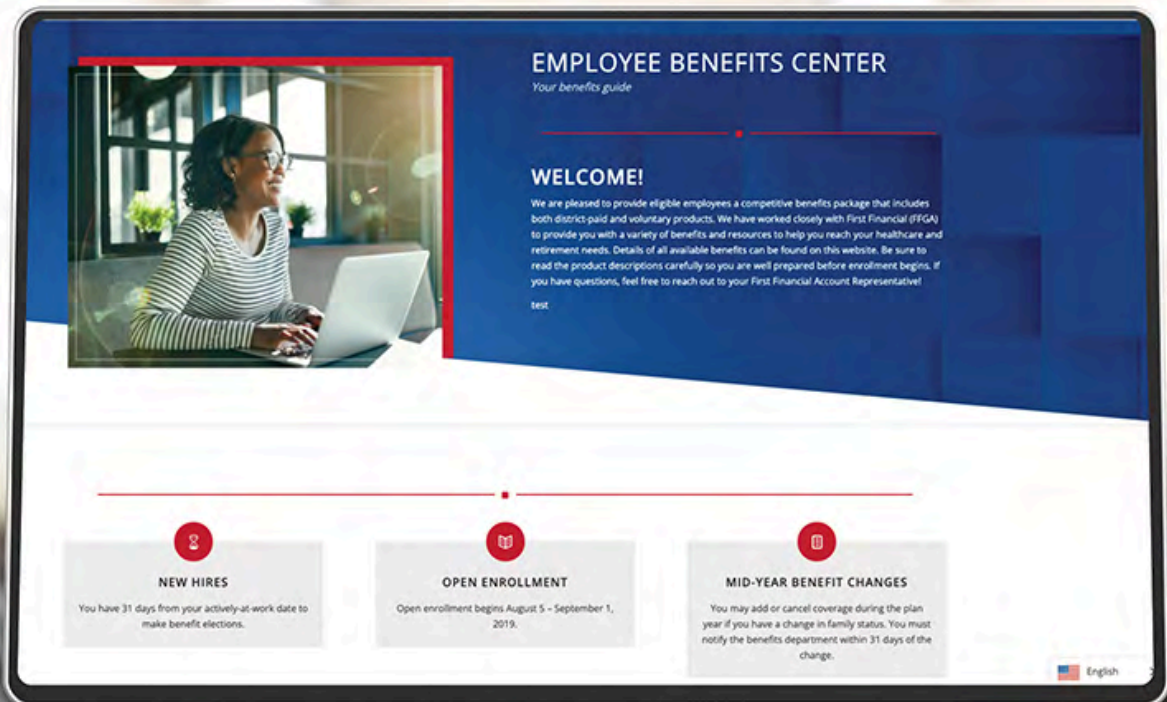
Schertz Cibolo Universal City ISD and FFGA are excited to provide you with a custom website filled with information about your benefits. Visit the Employee Benefits Center to see current benefit options for your employer as well as find claim forms, important phone numbers and enrollment information.

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](http://ffbenefits.ffga.com/scucisd)



# How to Enroll

## Benefits Enrollment

### 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 of the month following your hire date.

### 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

	Baptist ACO	Open Access Aetna Select H.S.A.
Employee Only	\$72.29	\$62.29
Employee + Spouse	\$568.80	\$543.80
Employee + Children	\$368.33	\$348.33
Employee + Family	\$1,029.61	\$989.61



# MEDICAL

## AETNA

Plan Name	Baptist Health ACO		Aetna HSA PLAN	
	ACO	Aetna Broad	ACO	Aetna Broad
<b>CALENDAR YEAR DEDUCTIBLE</b>				
Individual	\$2,000	\$4,000	\$5,000	\$7,000
Family	\$4,000	\$8,000	\$10,000	\$14,000
Coinsurance	20%	40%	30%	40%
<b>CALENDAR YEAR OUT-OF-</b>				
Individual	\$4,000	\$6,000	\$6,550	\$13,100
Family	\$8,000	\$10,000	\$13,100	\$20,000
<b>OFFICE VISITS</b>				
Preventive Care Services	No Charge	No Charge	No Charge	No Charge
Primary Care Physician	\$15	40% after deductible	30% after deductible	40% after deductible
Specialist	\$50	40% after deductible	30% after deductible	40% after deductible
Telehealth				
<b>EMERGENCY MEDICAL CARE</b>				
Urgent Care	\$50	\$50	30% after deductible.	40% after deductible.
Emergency Room Vi	\$300 copay + 20% after deductible	\$300 copay + 40% after deductible	30% after deductible	40% after deductible
<b>HOSPITAL CARE</b>				
Hospital Inpatient	20% after deductible	\$500 + 40% after deductible	30% after deductible	40% after deductible
Hospital Outpatient	20% after deductible	40% after deductible	30% after deductible	40% after deductible
<b>DIAGNOSTIC PROCEDURE</b>				
Lab & X-Ray	20% after deductible	40% after deductible	30% after deductible	40% after deductible
Major Diagnostics (CT, PET, MRI, MRA & Nuclear Medicine)	20% after deductible	40% after deductible	30% after deductible	40% after deductible

Monthly Rates				
	Baptist ACO		Open Access Aetna Select H.S.A.	
	Total Cost	Employee Cost	Total Cost	Employee Cost
Employee	\$837.85	\$72.29	\$795.99	\$62.29
Employee + Spouse	\$1,687.34	\$568.80	\$1,605.54	\$543.80
Employee + Child(ren)	\$1,408.41	\$368.33	\$1,336.87	\$348.33
Family	\$2,563.85	\$1,029.61	\$2,435.52	\$989.61

# 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://www.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://www.express-scripts.com) to begin using the mail service.

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



# TAKING YOUR HEALTHCARE TO THE NEXT LEVEL

SCUC ISD partnership with Next Level Medical to offer a supplemental healthcare membership for employees **enrolled in any of the district Aetna medical plans!** The Next Level Prime membership comes at **NO COST** to the eligible employee. You can even elect to cover your spouse and/or dependents through a monthly payroll deduction.

## WHAT IS NEXT LEVEL PRIME?

Next Level PRIME offers all these amazing benefits:

- X** Access to 40+ Next Level clinic locations
- X** Direct primary, preventive & chronic care 7 days a week from 9 a.m. – 9 p.m.
- X** Urgent care 7 days a week from 9 a.m. – 9 p.m.
- X** Telemedicine/Virtual visits 24 hour 7 days a week
- X** Nurse Care Navigators to assist with all healthcare concerns/questions
- X** Health & Wellness Coaching
- X** Behavioral Health & Emotional Wellness Counseling
- X** **NO CO-PAYS AT THE TIME OF SERVICE!**
- X** **NO ADDITIONAL OUT OF POCKET EXPENSES!**
- X** Unlimited access to medical care



Scan the QR code or go to the App store and download the Next Level Urgent Care App.



[nextlevelurgentcare.com](http://nextlevelurgentcare.com)

# 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

### 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.

### 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
<b>Maximum (per person)</b>	No Family Maximum \$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

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# 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\***

## 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.\*\*

## More Ways to Save

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

bebe Calvin Klein COLE HAAN  
DRAGON FLEXON LONG CHAMP  
and more

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

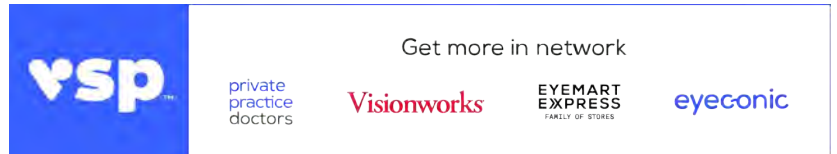
See all brands and offers at [vsp.com/offers](https://vsp.com/offers).

## 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.



Get more in network

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.

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# 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

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

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

PRESCRIPTION GLASSES		\$10
<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>\$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
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<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
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<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="http://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="http://vsp.com/offers">vsp.com/offers</a>.</li> <li>Save up to 60% on digital hearing aids with TruHearing®. Visit <a href="http://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 + child(ren)
	\$13.45 Member + spouse	\$19.14 Member + family

<b>YOUR MONTHLY CONTRIBUTION</b>	\$12.60 Member only	\$23.70 Member + child(ren)
	\$23.70 Member + spouse	\$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](http://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 \$680 carryover option for your Medical FSA plan. This option allows you the opportunity to carry over up to \$680 of unclaimed Medical FSA funds into the following plan year. Keep in mind that balances more than \$680 will be forfeited under the use-it-or-lose-it rule.

**Your maximum contribution amount for 2026 is \$3,400.**

### 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 \$7,500 per tax year for reimbursement of dependent care services.**

**If you are married and file a separate tax return, the limit is \$3,750.**

### 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.

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

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

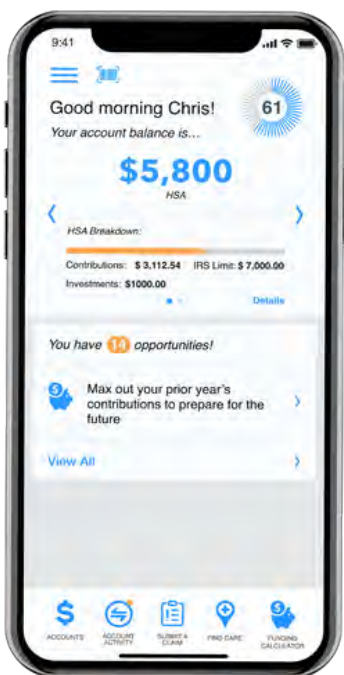
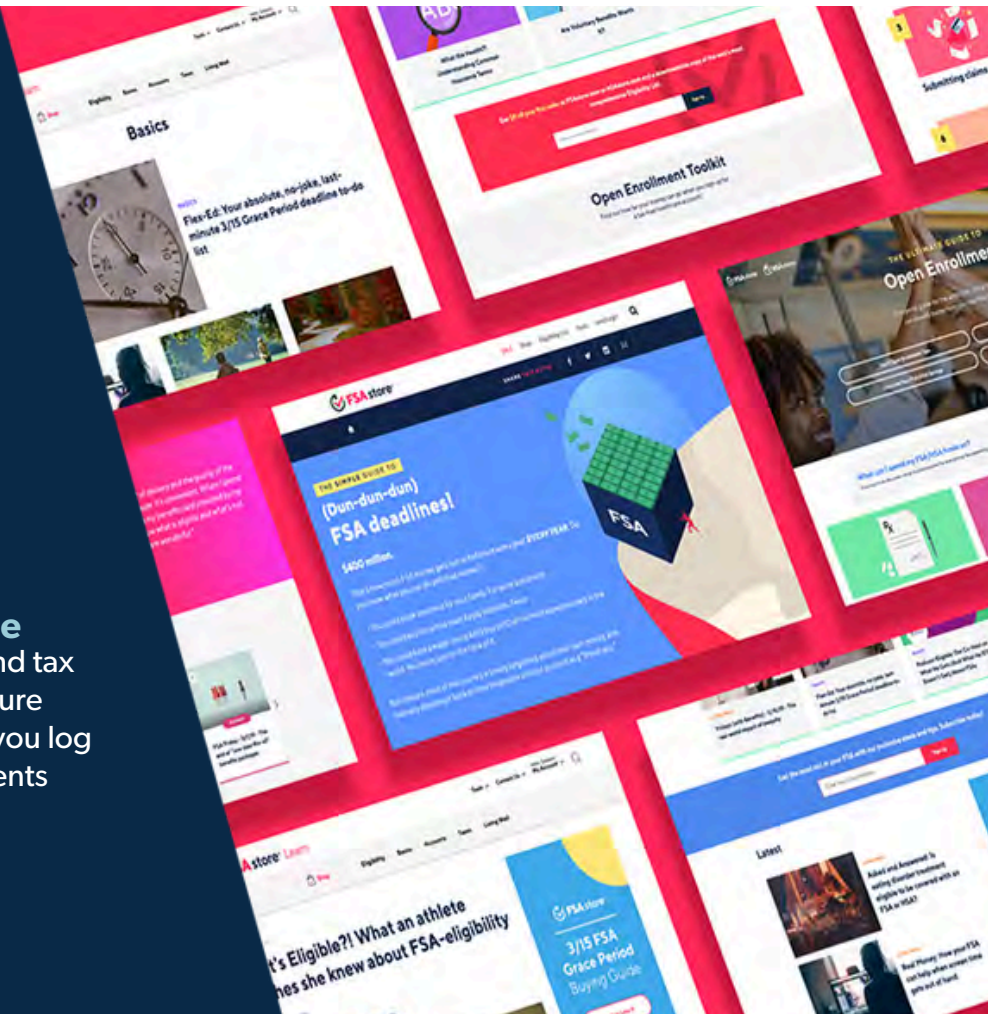
# FSA & HSA Resources

## 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

**IFFGA**  
Benefit Solutions Simplified

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

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

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

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

**Indicates Spouse Coverage Available**

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

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

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

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

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

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

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

23Mo14-C-M FFGA-T 1012 (exp0325)

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

**Indicates Spouse Coverage Available**

# Disability Insurance

American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 800-662-1113

## 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?





# AF™ Long-Term Disability Income Insurance

Schertz Cibolo  
Universal City ISD

Marketed by:



EMPLOYER BENEFIT SOLUTIONS  
FOR YOUR INDUSTRY

## Focus on Recovery, Not Expenses

How would you cover your everyday expenses if you experienced an Injury or Sickness and couldn't work for a period of time? AF™ Long-Term Disability Income Insurance provides a steady benefit to cover everyday expenses while you are unable to work due to a covered Disability.

### Plan Highlights



#### Benefits are Payable Directly to You

You have the freedom to use the funds for your daily expenses such as: groceries, mortgage, daycare, etc.



#### Customized to Meet Your Individual Needs

You can select a benefit amount and elimination period that best meets your financial needs.



#### Return-to-Work Benefit

Employees may receive a partial benefit for going back to work part-time while still on Disability.

### Choose the Right Plan for You

BENEFITS BEGIN	
Plan I	On the 1st day of Disability due to a Disability requiring hospitalization and on the 8th day of Disability due to a covered Injury or Sickness.
Plan II	On the 1st day of Disability due to a Disability requiring hospitalization and on the 15th day of Disability due to a covered Injury or Sickness.
Plan III	On the 1st day of Disability due to a Disability requiring hospitalization and on the 31st day of Disability due to a covered Injury or Sickness.
Plan IV	On the 61st day of Disability due to a covered Injury or Sickness.
Plan V	On the 91st day of Disability due to a covered Injury or Sickness.
Plan VI	On the 151st day of Disability due to a covered Injury or Sickness.



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



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



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



**Disability** or disabled for the first 24 months of Disability means that you are unable to perform the material and substantial duties of your regular occupation. After that, Disability means you are unable to perform the material and substantial duties of any gainful occupation for wage or profit for which you are reasonably qualified by training, education, or experience.

# Benefit Policy Schedule

Several benefit options are available to you. You may participate in the plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 66<sup>2/3</sup>% of your monthly compensation.

Monthly Salary	Monthly Disability Benefit	Monthly Premiums					
		Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$300.00 - \$449.99	\$200.00	\$6.24	\$5.32	\$4.44	\$2.76	\$2.40	\$1.56
\$450.00 - \$599.99	\$300.00	\$9.36	\$7.98	\$6.66	\$4.14	\$3.60	\$2.34
\$600.00 - \$749.99	\$400.00	\$12.48	\$10.64	\$8.88	\$5.52	\$4.80	\$3.12
\$750.00 - \$899.99	\$500.00	\$15.60	\$13.30	\$11.10	\$6.90	\$6.00	\$3.90
\$900.00 - \$1,049.99	\$600.00	\$18.72	\$15.96	\$13.32	\$8.28	\$7.20	\$4.68
\$1,050.00 - \$1,199.99	\$700.00	\$21.84	\$18.62	\$15.54	\$9.66	\$8.40	\$5.46
\$1,200.00 - \$1,349.99	\$800.00	\$24.96	\$21.28	\$17.76	\$11.04	\$9.60	\$6.24
\$1,350.00 - \$1,499.99	\$900.00	\$28.08	\$23.94	\$19.98	\$12.42	\$10.80	\$7.02
\$1,500.00 - \$1,649.99	\$1,000.00	\$31.20	\$26.60	\$22.20	\$13.80	\$12.00	\$7.80
\$1,650.00 - \$1,799.99	\$1,100.00	\$34.32	\$29.26	\$24.42	\$15.18	\$13.20	\$8.58
\$1,800.00 - \$1,949.99	\$1,200.00	\$37.44	\$31.92	\$26.64	\$16.56	\$14.40	\$9.36
\$1,950.00 - \$2,099.99	\$1,300.00	\$40.56	\$34.58	\$28.86	\$17.94	\$15.60	\$10.14
\$2,100.00 - \$2,249.99	\$1,400.00	\$43.68	\$37.24	\$31.08	\$19.32	\$16.80	\$10.92
\$2,250.00 - \$2,399.99	\$1,500.00	\$46.80	\$39.90	\$33.30	\$20.70	\$18.00	\$11.70
\$2,400.00 - \$2,549.99	\$1,600.00	\$49.92	\$42.56	\$35.52	\$22.08	\$19.20	\$12.48
\$2,550.00 - \$2,699.99	\$1,700.00	\$53.04	\$45.22	\$37.74	\$23.46	\$20.40	\$13.26
\$2,700.00 - \$2,849.99	\$1,800.00	\$56.16	\$47.88	\$39.96	\$24.84	\$21.60	\$14.04
\$2,850.00 - \$2,999.99	\$1,900.00	\$59.28	\$50.54	\$42.18	\$26.22	\$22.80	\$14.82
\$3,000.00 - \$3,149.99	\$2,000.00	\$62.40	\$53.20	\$44.40	\$27.60	\$24.00	\$15.60
\$3,150.00 - \$3,299.99	\$2,100.00	\$65.52	\$55.86	\$46.62	\$28.98	\$25.20	\$16.38
\$3,300.00 - \$3,449.99	\$2,200.00	\$68.64	\$58.52	\$48.84	\$30.36	\$26.40	\$17.16
\$3,450.00 - \$3,599.99	\$2,300.00	\$71.76	\$61.18	\$51.06	\$31.74	\$27.60	\$17.94
\$3,600.00 - \$3,749.99	\$2,400.00	\$74.88	\$63.84	\$53.28	\$33.12	\$28.80	\$18.72
\$3,750.00 - \$3,899.99	\$2,500.00	\$78.00	\$66.50	\$55.50	\$34.50	\$30.00	\$19.50
\$3,900.00 - \$4,049.99	\$2,600.00	\$81.12	\$69.16	\$57.72	\$35.88	\$31.20	\$20.28
\$4,050.00 - \$4,199.99	\$2,700.00	\$84.24	\$71.82	\$59.94	\$37.26	\$32.40	\$21.06
\$4,200.00 - \$4,349.99	\$2,800.00	\$87.36	\$74.48	\$62.16	\$38.64	\$33.60	\$21.84
\$4,350.00 - \$4,499.99	\$2,900.00	\$90.48	\$77.14	\$64.38	\$40.02	\$34.80	\$22.62
\$4,500.00 - \$4,649.99	\$3,000.00	\$93.60	\$79.80	\$66.60	\$41.40	\$36.00	\$23.40
\$4,650.00 - \$4,799.99	\$3,100.00	\$96.72	\$82.46	\$68.82	\$42.78	\$37.20	\$24.18
\$4,800.00 - \$4,949.99	\$3,200.00	\$99.84	\$85.12	\$71.04	\$44.16	\$38.40	\$24.96
\$4,950.00 - \$5,099.99	\$3,300.00	\$102.96	\$87.78	\$73.26	\$45.54	\$39.60	\$25.74
\$5,100.00 - \$5,249.99	\$3,400.00	\$106.08	\$90.44	\$75.48	\$46.92	\$40.80	\$26.52
\$5,250.00 - \$5,399.99	\$3,500.00	\$109.20	\$93.10	\$77.70	\$48.30	\$42.00	\$27.30
\$5,400.00 - \$5,549.99	\$3,600.00	\$112.32	\$95.76	\$79.92	\$49.68	\$43.20	\$28.08
\$5,550.00 - \$5,699.99	\$3,700.00	\$115.44	\$98.42	\$82.14	\$51.06	\$44.40	\$28.86
\$5,700.00 - \$5,849.99	\$3,800.00	\$118.56	\$101.08	\$84.36	\$52.44	\$45.60	\$29.64

# Benefit Policy Schedule (continued)

Monthly Salary	Monthly Disability Benefit	Monthly Premiums					
		Plan I (8th)	Plan II (15th)	Plan III (31st)	Plan IV (61st)	Plan V (91st)	Plan VI (151st)
\$5,850.00 - \$5,999.99	\$3,900.00	\$121.68	\$103.74	\$86.58	\$53.82	\$46.80	\$30.42
\$6,000.00 - \$6,149.99	\$4,000.00	\$124.80	\$106.40	\$88.80	\$55.20	\$48.00	\$31.20
\$6,150.00 - \$6,299.99	\$4,100.00	\$127.92	\$109.06	\$91.02	\$56.58	\$49.20	\$31.98
\$6,300.00 - \$6,449.99	\$4,200.00	\$131.04	\$111.72	\$93.24	\$57.96	\$50.40	\$32.76
\$6,450.00 - \$6,599.99	\$4,300.00	\$134.16	\$114.38	\$95.46	\$59.34	\$51.60	\$33.54
\$6,600.00 - \$6,749.99	\$4,400.00	\$137.28	\$117.04	\$97.68	\$60.72	\$52.80	\$34.32
\$6,750.00 - \$6,899.99	\$4,500.00	\$140.40	\$119.70	\$99.90	\$62.10	\$54.00	\$35.10
\$6,900.00 - \$7,049.99	\$4,600.00	\$143.52	\$122.36	\$102.12	\$63.48	\$55.20	\$35.88
\$7,050.00 - \$7,199.99	\$4,700.00	\$146.64	\$125.02	\$104.34	\$64.86	\$56.40	\$36.66
\$7,200.00 - \$7,349.99	\$4,800.00	\$149.76	\$127.68	\$106.56	\$66.24	\$57.60	\$37.44
\$7,350.00 - \$7,499.99	\$4,900.00	\$152.88	\$130.34	\$108.78	\$67.62	\$58.80	\$38.22
\$7,500.00 - \$7,649.99	\$5,000.00	\$156.00	\$133.00	\$111.00	\$69.00	\$60.00	\$39.00
\$7,650.00 - \$7,799.99	\$5,100.00	\$159.12	\$135.66	\$113.22	\$70.38	\$61.20	\$39.78
\$7,800.00 - \$7,949.99	\$5,200.00	\$162.24	\$138.32	\$115.44	\$71.76	\$62.40	\$40.56
\$7,950.00 - \$8,099.99	\$5,300.00	\$165.36	\$140.98	\$117.66	\$73.14	\$63.60	\$41.34
\$8,100.00 - \$8,249.99	\$5,400.00	\$168.48	\$143.64	\$119.88	\$74.52	\$64.80	\$42.12
\$8,250.00 - \$8,399.99	\$5,500.00	\$171.60	\$146.30	\$122.10	\$75.90	\$66.00	\$42.90
\$8,400.00 - \$8,549.99	\$5,600.00	\$174.72	\$148.96	\$124.32	\$77.28	\$67.20	\$43.68
\$8,550.00 - \$8,699.99	\$5,700.00	\$177.84	\$151.62	\$126.54	\$78.66	\$68.40	\$44.46
\$8,700.00 - \$8,849.99	\$5,800.00	\$180.96	\$154.28	\$128.76	\$80.04	\$69.60	\$45.24
\$8,850.00 - \$8,999.99	\$5,900.00	\$184.08	\$156.94	\$130.98	\$81.42	\$70.80	\$46.02
\$9,000.00 - \$9,149.99	\$6,000.00	\$187.20	\$159.60	\$133.20	\$82.80	\$72.00	\$46.80
\$9,150.00 - \$9,299.99	\$6,100.00	\$190.32	\$162.26	\$135.42	\$84.18	\$73.20	\$47.58
\$9,300.00 - \$9,449.99	\$6,200.00	\$193.44	\$164.92	\$137.64	\$85.56	\$74.40	\$48.36
\$9,450.00 - \$9,599.99	\$6,300.00	\$196.56	\$167.58	\$139.86	\$86.94	\$75.60	\$49.14
\$9,600.00 - \$9,749.99	\$6,400.00	\$199.68	\$170.24	\$142.08	\$88.32	\$76.80	\$49.92
\$9,750.00 - \$9,899.99	\$6,500.00	\$202.80	\$172.90	\$144.30	\$89.70	\$78.00	\$50.70
\$9,900.00 - \$10,049.99	\$6,600.00	\$205.92	\$175.56	\$146.52	\$91.08	\$79.20	\$51.48
\$10,050.00 - \$10,199.99	\$6,700.00	\$209.04	\$178.22	\$148.74	\$92.46	\$80.40	\$52.26
\$10,200.00 - \$10,349.99	\$6,800.00	\$212.16	\$180.88	\$150.96	\$93.84	\$81.60	\$53.04
\$10,350.00 - \$10,499.99	\$6,900.00	\$215.28	\$183.54	\$153.18	\$95.22	\$82.80	\$53.82
\$10,500.00 - \$10,649.99	\$7,000.00	\$218.40	\$186.20	\$155.40	\$96.60	\$84.00	\$54.60
\$10,650.00 - \$10,799.99	\$7,100.00	\$221.52	\$188.86	\$157.62	\$97.98	\$85.20	\$55.38
\$10,800.00 - \$10,949.99	\$7,200.00	\$224.64	\$191.52	\$159.84	\$99.36	\$86.40	\$56.16
\$10,950.00 - \$11,099.99	\$7,300.00	\$227.76	\$194.18	\$162.06	\$100.74	\$87.60	\$56.94
\$11,100.00 - \$11,249.99	\$7,400.00	\$230.88	\$196.84	\$164.28	\$102.12	\$88.80	\$57.72
\$11,250.00 - \$11,399.99	\$7,500.00*	\$234.00	\$199.50	\$166.50	\$103.50	\$90.00	\$58.50

\*Higher benefit amounts available up to a maximum Monthly Disability Benefit of \$10,000.

# Plan Benefit Highlights

## Maximum Benefit Period

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

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

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

## Social Security Filing Assistance

If you are a candidate for social security Disability benefits, we can assist you with the application and appeal process.

## When Coverage Begins

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

## Hospital Confinement Benefit

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

**Plans IV-VI:** This benefit will begin after you've met your elimination period.

**Plans I-III:** This benefit will begin on your first day of Hospital confinement. The remainder of your elimination period will be waived. If you are Hospital confined due to a covered Injury or Sickness, your Hospital Confinement Benefit will be paid for any days of that confinement occurring before the day your Monthly Disability Benefit would otherwise begin.

## Survivor Benefit

A lump sum benefit equal to 3 times the Disability payment will be paid if on the date of your death your Disability had continued for 90 or more consecutive days and you were receiving or entitled to receive Disability payments. The Survivor Benefit may be paid earlier if you have a terminal illness.

## Waiver of Premium

No premium payments are required while you are receiving payments under the plan after Disability payments have been received for 90 consecutive days. We will require proof annually that you remain Disabled during that time.

## Donor Benefit

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

## Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group Disability income.
- Governmental or other retirement system, whether due to Disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your Disability.
- State Disability.
- Unemployment compensation.
- Sick leave or other salary or wage continuance plans provided by the employer which extend beyond 365 calendar days from the date of Disability.

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



## Minimum Disability Benefit

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

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

For the first 12 months you are disabled due to a covered disability and not working, we will pay the disability benefit described in the benefit schedule. After 12 months, your disability payment will be the disability benefit described in the benefit schedule less any deductible sources of income you receive or are entitled to receive. No disability payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

## Return To Work Incentives: Disabled and Working

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

- **Family Care Benefit**

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

- **Worksite Accommodation**

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

## Mental Illness Limited Benefit

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

## Alcoholism and Drug Addiction Limited Benefit

If you are Disabled due to alcoholism or drug addiction, a limited benefit of up to 2 years for each Disability will be paid. Benefits will not be paid beyond the maximum benefit period. If drug addiction is sustained at the hands of, or while under the regular and appropriate care of a physician in the course of treatment for Injury or Sickness, it will be covered the same as any other Sickness.

## Special Conditions Limited Benefit

If you are Disabled due to Special Conditions and under the regular and appropriate care of a physician, benefits will be provided for up to 2 years. Special Conditions means: chronic fatigue syndrome; fibromyalgia; any disease, disorder, accident or

Injury of the neck or back not resulting in hemiplegia, paraplegia, or quadriplegia; environmental allergic illness including, but not limited to sick building syndrome and multiple chemical sensitivity; and Self-Reported Symptoms. Self-Reported Symptoms are symptoms that the insured tells their physician that are not verifiable using tests, procedures or clinical examinations. Examples include: headaches, pain, fatigue, stiffness, soreness, ringing in ears, dizziness, numbness, or loss of energy.

## Pre-Existing Condition Limitation

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

This limitation will not apply to a Disability resulting from a Pre-Existing Condition that begins after you have been continuously covered under the policy for 12 months.

Any increase in benefits will be subject to this Pre-Existing Condition limitation. A new Pre-Existing Condition period must be met with respect to any increase applied for and approved by us.

**Pre-Existing Condition** means a disease, Injury, Sickness, physical condition or mental illness for which you: had treatment; incurred expense; took medication; received care or services including diagnostic testing or related measures; or received a diagnosis or advice from a physician, during the 3 month period immediately before your effective date of coverage. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition, or mental illness.

# Cancer Insurance

## Plan Options



American Fidelity | [www.americanfidelity.com](http://www.americanfidelity.com) | 800-662-1113

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

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

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



## Group Cancer Insurance

## Focus on the fight.

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

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

### Did You Know?

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

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

## Plan Benefit Highlights

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

## Benefits designed to help cover costs.

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

### Examples:



#### Diagnostic and Prevention

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



#### Travel Expenses

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

# Plan Benefit Highlights

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

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

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

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

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

# Plan Benefit Highlights

**Only loss for Cancer** Unless otherwise indicated, benefits are payable only for loss resulting from definitive Cancer diagnosis or treatment, including direct extension, metastatic spread, or recurrence. Proof must be submitted to support each claim. The Policy also covers other conditions or diseases directly caused by Cancer or the treatment of Cancer. The Policy does not cover any other disease, sickness or incapacity, even though after contracting Cancer it may have been aggravated or affected by Cancer or the treatment of Cancer except for conditions specifically covered under the Dread Disease Benefit; Hospital Intensive Care Unit Benefit; or Heart Attack or Stroke Diagnosis Benefit, if included.

**Cancer** means a disease that is manifested by autonomous growth (malignancy) in which there is uncontrolled growth, function or spread (local or distant) of cells in any part of the body. This includes Cancer in situ and malignant melanoma. It does not include other conditions which may be considered precancerous or have malignant potential such as leukoplakia; hyperplasia; acquired immune deficiency syndrome (AIDS); polycythemia; actinic keratosis; aplastic anemia; atypia; non-malignant monoclonal gammopathy; or pre-malignant lesions, benign tumors or polyps.

Such Cancer must be positively diagnosed by a legally licensed doctor of medicine certified by the American Board of Pathology or American Board of Osteopathic Pathology. Pathologic interpretation of the histology of skin lesions will be accepted by dermatologists certified by the American Board of Dermatopathology. Diagnosis must be made based on a microscopic examination of fixed tissue or preparations from the hemic system (either during life or post-mortem). The pathologist establishing the diagnosis shall base his judgment solely on the criteria of malignancy as accepted by the American Board of Pathology or the Osteopathic Board of Pathology after a study of the histocytologic architecture or pattern of the suspect tumor, tissue and/or specimen.

#### **Radiation Therapy, Chemotherapy or Immunotherapy Benefit**

We will pay the actual charges up to the benefit listed in the schedule per 12-month period. If Proof of Loss regarding actual charges for treatment is not submitted, we will pay the daily amount shown in your certificate for each day treatment is received, up to the actual charge's maximum per 12-month period. Upon receipt of actual charges Proof of Loss, we will pay the difference, up to the maximum per 12-month period. Actual charges are the amount paid by or on behalf of the Covered Person and accepted by the provider for services provided.

This benefit does not cover other related procedures such as treatment planning, treatment management or consultation, design and construction of treatment devices, radiation dosimetry calculation, lab tests, x-rays, scans, medical supplies, and equipment used in administration (IV solutions, needles, dressings, pumps, catheters, etc.).

**Administrative and Lab Work Benefit** Paid if the Covered Person is also receiving the Radiation Therapy, Chemotherapy or Immunotherapy Benefit during the same calendar month.

**Hormone Therapy Benefit** Drugs and medicines covered under the Drugs and Medicine Benefit or the Radiation Therapy, Chemotherapy or Immunotherapy Benefit are not included. This benefit does not cover associated administrative processes.

**Experimental Treatment Benefit** Benefits for experimental treatment prescribed by a physician for treatment of Cancer will be provided the same as non-experimental treatment. Coverage for treatments received outside the United States or its territories is not provided.

**Blood, Plasma and Platelets Benefit** Laboratory processes are not included. Colony-stimulating factors are not covered. Benefits for blood, plasma, and platelets are only provided under this benefit.

**Medical Imaging Benefit** Payable for a Covered Person who has been diagnosed with Cancer who receives either an MRI, CT scan, CAT scan, PET scan, or RAIU (thyroid) test requested by a Physician.

**Surgical Benefit** Payable when a surgical operation is performed for covered diagnosed Cancer, Skin Cancer, or reconstructive surgery due to Cancer. Benefits are calculated up to a maximum benefit by multiplying the surgical unit value assigned to the procedure, as shown in the most current Physician's Relative Value Table, by the unit dollar amount shown in your certificate schedule. Two or more surgical procedures performed through the same incision will be considered one operation and benefits will be limited to the most expensive procedure. Diagnostic surgeries that result in a negative diagnosis of Cancer are not covered under this benefit. Bone marrow surgeries, surgeries to implant a permanent prosthetic device, surgeries required for administration of Radiation Therapy, Chemotherapy or Immunotherapy are not covered under this benefit.

**Anesthesia Benefit** Services of an anesthesiologist for Skin Cancer or surgical prosthesis implantation are not covered.

**Second and Third Surgical Opinion Benefit** Payable once per diagnosis of Cancer for a second surgical opinion and a third if the second disagrees with the first. Surgical opinions for reconstructive, Skin Cancer or prosthesis surgeries are not covered.

**Outpatient Hospital or Ambulatory Surgical Center Benefit** Surgical procedures for Skin Cancer are not covered.

**Bone Marrow or Stem Cell Transplant Benefit** Harvesting of bone marrow or stem cells from a donor are not covered under this benefit.

**Prosthesis and Orthotic Benefit and Related Services** Payable for a Prosthetic Device or Orthotic Device and, if surgery required, its surgical implantation. Prosthetic-related supplies such as special bras or ostomy pouches and supplies are not covered. Benefits for a hair prosthesis will only be covered under the Hair Prosthesis Benefit.

Covered benefits under this provision are limited to the most appropriate model of Prosthetic Device or Orthotic Device that adequately meets the medical needs of the covered person as determined by the covered person's treating physician or podiatrist and prosthetist or orthotist, as applicable. The Prosthesis Benefit will include repair and replacement of a Prosthetic Device or Orthotic Device, unless the repair or replacement is necessitated by misuse by the covered person. "Orthotic Device" means a custom-fitted or custom-fabricated medical device that is applied to a part of the human body to correct a deformity, improve function, or relieve symptoms of a disease. "Prosthetic Device" means an artificial device designed to replace, wholly or partly, an arm or leg.

**Hospital Confinement Benefit** Pays when the Covered Person requires Hospital confinement for at least 18 continuous hours. We will not pay this benefit for outpatient treatment or a stay of less than 18 hours in an observation unit or emergency room. Hospital shall not include an institution, or part thereof, used by the Covered Person as a place for rehabilitation; a hospice unit, including any bed designated as a hospice or swing bed; a place for rest or for the aged; a nursing or convalescent home; a long-term nursing unit or geriatrics ward; or an extended care facility for the care of convalescent, rehabilitative or ambulatory patients.

**U.S. Government or Charity Hospital Benefit** Payable when an itemized list of services is not available and the Covered Person is confined in a charity Hospital or a Hospital owned or operated by the U.S. government as a result of Cancer or Dread Disease or covered under a Diagnostic Related Group where no charges are made to the Covered Person for treatment of Cancer or Dread Disease. This benefit will be paid in lieu of most benefits listed on the schedule.

**Extended Care Facility Benefit** Pays a daily benefit for Physician authorized confinement that begins within 14 days after Hospital confinement.

**Home Health Care Benefit** Pays a daily benefit for Physician authorized private nursing care that begins within 14 days of hospital confinement. This benefit does not include nutrition counseling, medical social services, medical supplies, prosthesis or orthopedic appliances, rental or purchase of durable medical equipment, drugs or medicines, child care, meals or housekeeping services or physical or speech therapy.

## Plan Benefit Highlights (cont.)

**Hospice Care Benefit** Pays a daily benefit when a Physician determines terminal illness with life expectancy of 6 months or less and approves hospice care at home or in a hospice facility. This benefit does not include well baby care, volunteer services, meals, housekeeping services, or family support after the death.

**Inpatient Special Nursing Services Benefit** Pays a daily benefit when receiving Physician authorized special nursing care (other than that regularly furnished by a Hospital) for at least eight consecutive hours during 24 hours.

**Dread Disease Benefit** Covered Dread Diseases are Addison's Disease; Amyotrophic Lateral Sclerosis; Cystic Fibrosis; Diphtheria; Encephalitis; Grand Mal Epilepsy; Legionnaire's Disease; Meningitis; Multiple Sclerosis; Muscular Dystrophy; Myasthenia Gravis; Niemann-Pick Disease; Osteomyelitis; Poliomyelitis; Reye's Syndrome; Rheumatic Fever; Rocky Mountain Spotted Fever; Sickle Cell Anemia; Systemic Lupus Erythematosus; Tay-Sachs Disease; Tetanus; Toxic Epidermal; Toxic Shock Syndrome; Tuberculosis; Tularemia; Typhoid Fever; Whipple's Disease.

**Donor Benefit** Blood donor expenses are not covered.

**Drugs and Medicine Benefit** Pays a benefit for anti-nausea and pain medication for cancer treatment. It does not include associated administrative processes, drugs, or medicines covered under the Radiation Therapy, Chemotherapy or Immunotherapy Benefit or the Hormone Therapy Benefit.

**Transportation and Lodging Benefits** Pays a benefit for transportation by scheduled bus, plane or train, or by car and outpatient lodging for Radiation Therapy, Chemotherapy, or Immunotherapy treatment, Bone Marrow or Stem Cell Transplant, or surgery in a Hospital not available locally and at least 50 miles from the Covered Person's residence. Payable for the Covered Person and one adult family member. If traveling in the same car or lodging in the same room, the benefit is payable only to the Covered Person.

**Ambulance Benefit** If air and ground ambulance services are required on the same day, we will only pay the higher benefit amount. A Covered Person must be admitted as an inpatient and hospital confined for at least 18 consecutive hours.

**Waiver of Premium** Premium is waived if you are disabled due to Cancer for longer than 90 continuous days. This benefit does not apply if your spouse or children become disabled. We will require proof annually that you remain Disabled during that time.

**Physical or Speech Therapy Benefit** Therapy must be provided by a caregiver licensed in physical or speech therapy.

**Diagnostic and Prevention Benefit** Pays for a generally medically recognized screening test to detect Internal Cancer. This benefit is not payable for any test covered under the Medical Imaging Benefit.

**Cancer Screening Follow-Up Benefit** Payable for one follow-up invasive screening test when a Covered Person receives abnormal results from a covered screening test. For tests involving an incision or surgery, payable only for tests that result in a negative diagnosis of Cancer.

*This product may contain limitations, exclusions, and waiting periods. This product is not intended for people who are eligible for Medicaid coverage. This is a brief description of the coverage. For complete benefits and other provisions, please refer to your certificate. Policy provisions and benefits may vary if you reside in a state other than your employer's state of domicile. This policy is considered an employee welfare benefit plan and/or maintained by an association or employer intended to be covered by ERISA, and will be administrated and enforced under ERISA. Group policies issued to governmental entities may be exempt from ERISA guidelines.*

Marketed by:



Underwritten and administered by:



American Fidelity Assurance Company  
[americanfidelity.com](http://americanfidelity.com)

**Internal Cancer Diagnosis Benefit** Payable if a Physician diagnoses the Covered Person with Internal Cancer after coverage is active for that person.

**Heart Attack or Stroke Diagnosis Benefit** Payable if a Physician diagnoses the Covered Person as having a Heart Attack or Stroke after the coverage is active for that person. This benefit is payable only for the first occurrence of either the Heart Attack or Stroke.

## Limitations and Exclusions

**Pre-existing condition** means a Specified Disease for which the Covered Person: had treatment; or received advice from a Physician during the 12 months immediately before the Covered Person's Effective Date of coverage.

**Pre-existing condition limitation** No benefit will be payable for any loss caused by or resulting from a Pre-Existing Condition that occurs before a Covered Person has been continuously covered under the Policy for 12 consecutive months. Pre-Existing Conditions specifically named or described as excluded in any part of this contract are never covered. Increases or changes in coverage will be subject to an additional Pre-Existing Condition Limitation.

**Hospital intensive care unit benefit limitations** No benefits will be payable during the first two years of coverage for confinement caused by any heart condition diagnosed or treated before 30 days following the Effective Date of coverage. (The heart condition causing confinement need not be the same condition diagnosed or treated before the Effective Date).

**Exclusions** We will not pay benefits resulting from or caused by:  
(a) intentionally self-inflicted bodily injury, suicide or attempted suicide, whether sane or insane;  
(b) alcoholism or drug addiction;  
(c) any act of war, declared or undeclared, or any act related to war;  
(d) military service for any country at war;  
(e) participation in any activity or event while intoxicated or under the influence of any narcotic unless administered by a Physician or taken according to the Physician's instructions; or  
(f) participation in, or attempting to participate in, a felony, riot or insurrection (A felony is as defined by the law of the jurisdiction in which the activity takes place).

Benefits are also not payable for services performed by a Physician who is related to the Covered Person.

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

# Critical Illness Insurance

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

## Prepare For the Unexpected

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

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

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





# By your side

## Aetna Critical Illness Plan

### Be prepared for what happens next

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

### What is the Aetna Critical Illness Plan?

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

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

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

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

### How can you use the cash benefits?

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

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

And so much more! Use the benefits any way **you** choose.

### Easy to use

Online tools make it easy to manage your plan. File a claim in about 90 seconds or less if you have a covered illness. We will pay benefits directly to you by check or direct deposit.

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

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



# Critical illness plan



## Face amount

Coverage by member	Percentage	Low	Mid	High
Your — face amount	100%	\$10,000	\$20,000	\$30,000
Spouse — percent of employee face amount or benefit amount	100%	\$10,000	\$20,000	\$30,000
Child(ren) — percent of employee face amount or benefit amount	50%	\$5,000	\$10,000	\$15,000

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

## Critical illness benefits — autoimmune

Covered benefit	Percentage of face amount
Addison's disease ( <i>adrenal hypofunction</i> )	100%
Lupus	25%
Multiple sclerosis	100%
Myasthenia gravis	100%
Muscular dystrophy	100%

## Critical illness benefits — childhood conditions

Covered benefit	Percentage of face amount
Anal atresia	100%
Andersen disease	100%
Anencephaly	100%
Autism spectrum disorder ( <i>type I, II &amp; III</i> )	\$1,500
Biliary atresia	100%
Canavan disease	100%
Cerebral palsy	100%
Cleft lip or cleft palate	100%
Congenital heart defect	100%
Cystic fibrosis	100%
Diaphragmatic hernia	100%
Down syndrome	100%
Ehlers-Danlos syndrome	100%
Fragile X syndrome	100%
Gastroschisis	100%
Gaucher disease ( <i>type II &amp; III</i> )	100%
Glutaric acidemia	100%
Hexosaminidase activator deficiency	100%
Hirschsprung's disease	100%
Infantile-onset ascending spastic paralysis	100%
Infantile Tay-Sachs	100%

# Critical illness plan



Covered benefit	Percentage of face amount
Juvenile primary lateral sclerosis	100%
Lesch-Nyham syndrome	100%
Mucopolysaccharidoses ( <i>MPS</i> )	100%
Niemann-Pick disease ( <i>NPD</i> )	100%
Omphalocele	100%
Osteogenesis imperfecta	100%
Phenylketonuria ( <i>PKU</i> )	100%
Pompe disease	100%
Pyloric stenosis	100%
Sandhoff disease	100%
Sickle cell anemia	100%
Spina bifida	100%
Spinal muscular atrophy	100%
Zellweger syndrome	100%

## Critical illness benefits — chronic condition

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

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

# Critical illness plan



## Critical illness benefits — infectious disease

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

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

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

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

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

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

# Critical illness plan



## Critical illness benefits — other

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

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

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

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

Covered benefit	Percentage of face amount
Coronary artery disease	30%
Heart attack ( <i>myocardial infarction</i> )	100%
Heart arrhythmia	30%
Sudden cardiac arrest	30%

**Note:** No maximum sudden cardiac arrest benefit.

## Critical illness plan features

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

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

# Critical illness plan



## Cancer benefits

Covered benefit	Percentage of face amount
Cancer ( <i>invasive</i> )	100%
Carcinoma in situ ( <i>non-invasive</i> )	25%
Skin cancer	\$1,000
Recurrence cancer ( <i>invasive</i> ) diagnosis	100%
Recurrence carcinoma in situ ( <i>non-invasive</i> ) diagnosis	100%

**Note:** Maximum 1 skin cancer diagnosis per lifetime.

**Note:** Recurrence (*same*) cancer diagnoses must occur at least 90 treatment-free days after initial diagnosis.

## Additional plan benefits

Covered benefit	Benefit amount
Waiver of premium	Included

# Critical illness plan



## Additional plan benefits

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

## Covered health screenings

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

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

# Aetna Critical Illness Plan rates



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

Rates are based on your (the subscriber's) age and will increase as you move into a higher age-band.

## Uni-tobacco rates

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

Age	You only	You + spouse	You + children	You + family
<25	\$2.90	\$5.80	\$2.90	\$5.80
25-29	\$3.70	\$7.50	\$3.70	\$7.50
30-34	\$4.50	\$8.88	\$4.50	\$8.88
35-39	\$6.42	\$12.88	\$6.42	\$12.88
40-44	\$9.80	\$19.40	\$9.80	\$19.40
45-49	\$11.20	\$25.21	\$11.20	\$25.21
50-54	\$14.50	\$32.56	\$14.50	\$32.56
55-59	\$16.36	\$38.77	\$16.36	\$38.77
60-64	\$19.38	\$45.47	\$19.38	\$45.47
65-69	\$21.52	\$49.40	\$21.52	\$49.40
70+	\$34.76	\$74.64	\$34.76	\$74.64

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

Age	You only	You + spouse	You + children	You + family
<25	\$4.84	\$9.66	\$4.84	\$9.66
25-29	\$6.60	\$13.50	\$6.60	\$13.50
30-34	\$7.80	\$15.90	\$7.80	\$15.90
35-39	\$11.74	\$23.73	\$11.74	\$23.73
40-44	\$17.80	\$36.06	\$17.80	\$36.06
45-49	\$22.78	\$48.08	\$22.78	\$48.08
50-54	\$27.30	\$62.69	\$27.30	\$62.69
55-59	\$31.36	\$75.08	\$31.36	\$75.08
60-64	\$37.49	\$88.60	\$37.49	\$88.60
65-69	\$41.93	\$96.81	\$41.93	\$96.81
70+	\$68.50	\$147.49	\$68.50	\$147.49



**High plan face amount: \$30,000**

<b>Age</b>	<b>You only</b>	<b>You + spouse</b>	<b>You + children</b>	<b>You + family</b>
<b>&lt;25</b>	\$6.78	\$13.50	\$6.78	\$13.50
<b>25-29</b>	\$9.40	\$19.10	\$9.40	\$19.10
<b>30-34</b>	\$11.30	\$23.00	\$11.30	\$23.00
<b>35-39</b>	\$17.10	\$34.60	\$17.10	\$34.60
<b>40-44</b>	\$26.09	\$52.97	\$26.09	\$52.97
<b>45-49</b>	\$33.52	\$70.95	\$33.52	\$70.95
<b>50-54</b>	\$40.27	\$92.83	\$40.27	\$92.83
<b>55-59</b>	\$46.36	\$111.39	\$46.36	\$111.39
<b>60-64</b>	\$55.60	\$131.74	\$55.60	\$131.74
<b>65-69</b>	\$62.35	\$144.22	\$62.35	\$144.22
<b>70+</b>	\$102.25	\$220.34	\$102.25	\$220.34



# 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.

# Hospital Indemnity Insurance

CIGNA | [www.cigna.com](http://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!





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> <i>Also includes COVID-19 Immunization, Tests, and Screenings. Virtual Care accepted.</i>	\$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

# Medical Transport

Masa | [www.masaaccess.com](http://www.masaaccess.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.



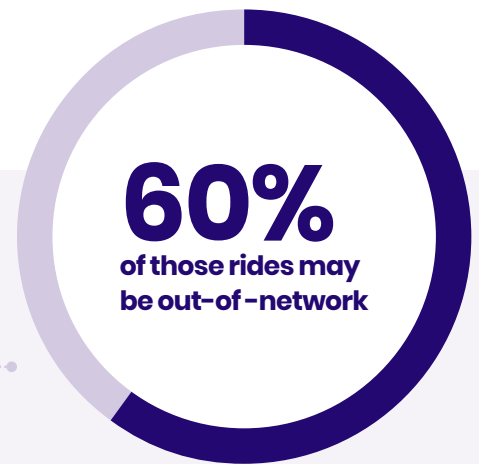


# Why choose MASA?

**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.



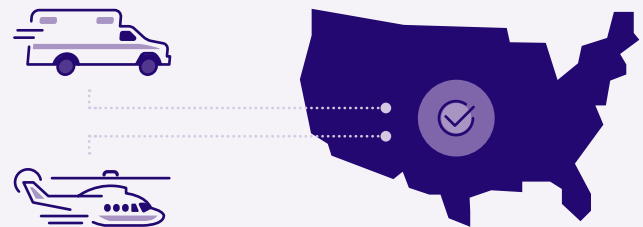
## 1 in 15 families

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](https://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>

<b>Money Matters</b>	<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>
<b>Home &amp; Real Estate</b>	<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>
<b>Estate Planning</b>	<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>
<b>Family &amp; Personal</b>	<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>
<b>Civil Lawsuits</b>	<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>
<b>Elder-Care Issues</b>	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>
<b>Traffic &amp; Other Matters</b>	<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>

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.

**Rate** Employee Paid: \$18.00 Cost per employee per month (covers spouse and dependents)

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

iLock360 | [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.



# iLOCK360

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



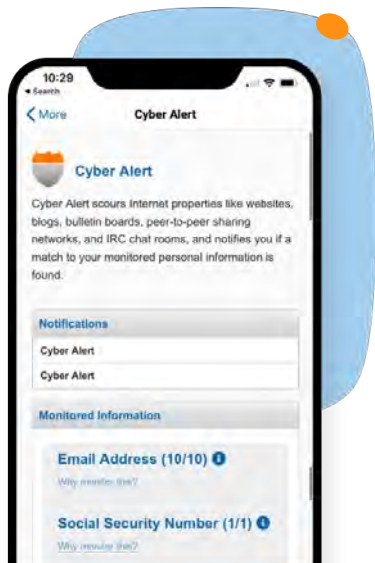
**39 seconds** is how often cyber-attacks occur

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

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

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

## How iLOCK360 helps



### Defend

Your personal information is monitored 24 / 7 / 365



### Protect

Alerts inform you of potential threats for immediate action



### Restore

iLOCK360 does the work to restore your identity

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

Monthly payroll deduction

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

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

Protect your identity **TODAY!**

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

# Learn more about the protections that iLOCK360 offers:

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

adults 
 Children to age 18 
 adults 
 Children to age 18

# 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, your 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	
2025	2026
\$23,500	\$24,500

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:

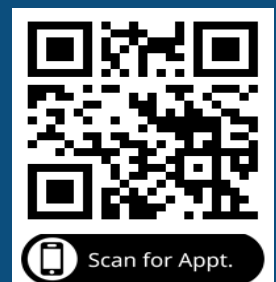
- Retirement and investment planning
- Debt counseling
- Preparing an emergency budget
- Exploring investment and cash flow strategies
- How to consolidate old employer plans

**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).

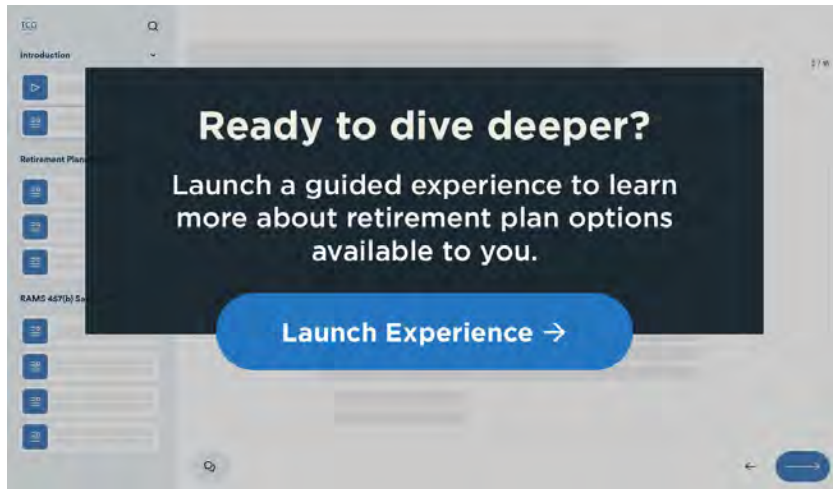
Participating in this district-sponsored 457(b) plan grants you additional special perks, including free access to a financial wellness program, a complimentary creation of a personal will, and free tax preparation services.

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

# 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.

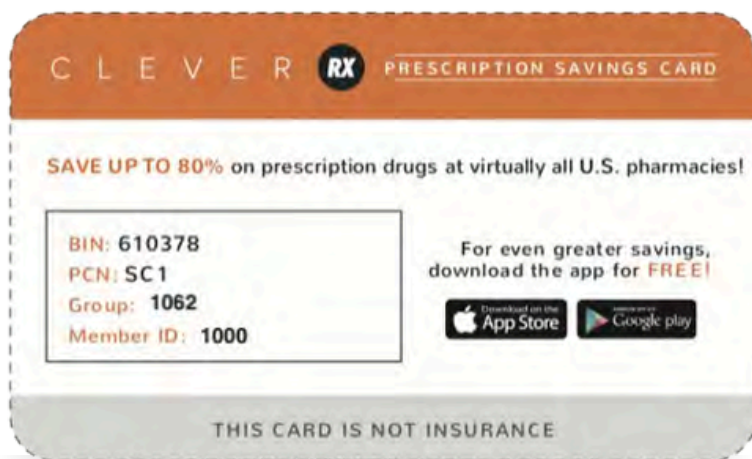


# Clever RX

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	American fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800-662-1113
Cancer	American fidelity	<a href="http://www.americanfidelity.com">www.americanfidelity.com</a>	800-662-1113
Critical Illness	Aetna	<a href="http://www.aetna.com">www.aetna.com</a>	800-872-3862
Accident	The Hartford	<a href="http://www.thehartford.com">www.thehartford.com</a>	800-523-2233
Medical Transport	MASA	<a href="http://www.masaaccess.com">www.masaaccess.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
Express Scripts	Prescription	<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
Legal	Metlife	<a href="http://www.legalplans.com">www.legalplans.com</a>	800-821-6400