LITTLE CYPRESS MAURICEVILLE CISD

BENEFITS GUIDE

2022 - 2023 Plan Year
September 1, 2022 – August 31, 2023



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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 thisoutline of benefits and the actual contracts, the terms of the contracts will prevail

EMPLOYEE BENEFITS CENTER

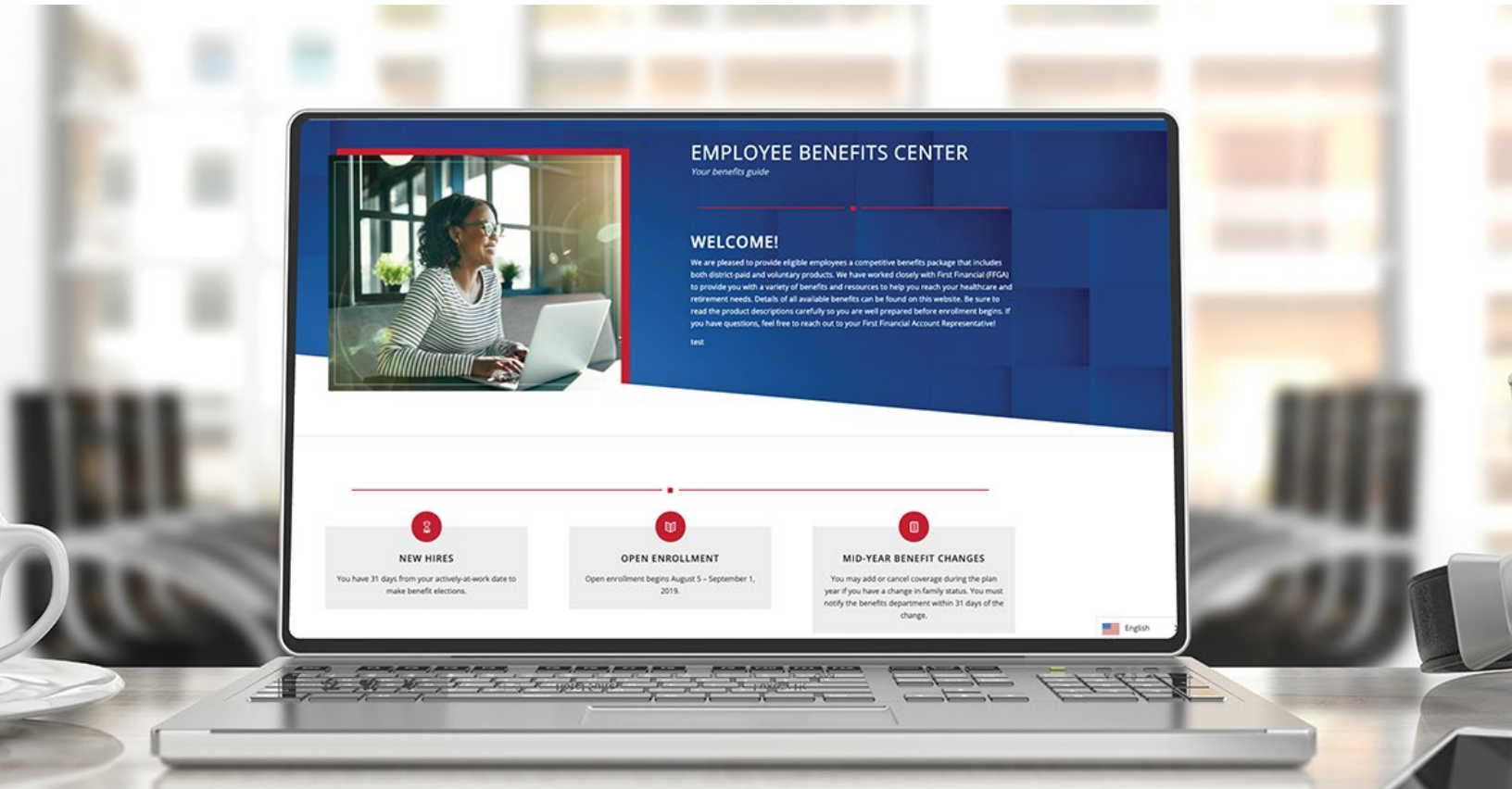
YOUR ONE-STOP-SHOP FOR BENEFIT INFORMATION

LCM CISD and First Financial are excited to provide you with a custom website filledwith information about your benefits. Visit the site or scan the QR code below with your phone to see current benefit options, enrollment information, claims information, and important phone numbers.

https://ffbenefits.ffga.com/littlecypressmauricevillecisd/

To enroll online, visit the link above or scan the QR code on the left. Then click the “How To Enroll” heading at the top.

Home | Benefit Plans & Premiums | How To Enroll | Contacts | Check My HSA/FSA



WHAT'S NEW & CHANGING

NEW FOR 2022-2023

- Group Cancer Plan – Lower rates

NEW CARRIERS

- New Accident Provider – Aetna
  - Cash benefits paid directly to the employee
  - On/Off job coverage
- Identity Theft with iLock 360
  - $1 Million Identity Theft Insurance
  - Full Service Identity Theft Restoration
- Legal Protection Provided by MetLaw
  - Network of lawyers at your fingertips
  - Flexible plans for various needs

NEW BENEFITS TO YOUR DISTRICT

- Hospital Indemnity – Aetna
  - Daily benefit payment beginning on the second day
- Medical Transport – MASA
  - Provides coverage for both ground & air ambulance
  - One low fee for the entire family



HOW TO ENROLL

ONLINE ENROLLMENT

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

LOGIN

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

VIEW CURRENT BENEFITS

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

VIEW/ADD DEPENDENTS

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

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 qualified life event.

QUALIFYING LIFE EVENTS INCLUDE:

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

ON-SITE ENROLLMENT (August 8 – 10, 2022)

When it's time to enroll in your benefits, your First Financial Account Representative will be on-site to assist you with making your elections. Visit your EBC for more benefits information.
ffbenefits.ffga.com/littlecypressmauricevillecisd/

ELIGIBILITY

ELIGIBILITY

Eligible employees must be actively at work on the plan effective date (9/1) for new benefits to be effective.

NEW EMPLOYEES

You have 31 days from your actively-at-work date to make benefit elections. Your New Hire Enrollment elections will be made with ***Annie Mullins*** in your district Benefits office. You can also reach out to your First Financial benefits representative, Valerie Clinkscales at 281-272-7618 or email her directly at Valerie.Clinkscales@ffga.com.

EXISTING EMPLOYEES

When it's time to enroll in your benefits, your First Financial 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.*
Ffbenefits.ffga.com/littlecypressmauricevillecisd/

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.

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.**

Know your options

Little Cypress Mauriceville CISD provides a wide array of valuable benefits, from medical coverage to life insurance, dental plans and wellness programs. **Remember**, elections are locked in unless you experience Qualifying Life Event.

Take your time. Study your options.

Everyone has different needs, health challenges, budgets, and goals. By choosing your options carefully, you and your family can get the coverage that fits your needs.

SECTION 125 PLANS

SECTION 125 PLAN INFORMATION AND RULES

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

HERE'S HOW IT WORKS

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

IS IT RIGHT FOR ME?

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

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

IRS specified changes in family status include:

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

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

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

MEDICAL

Blue Cross Blue Shield | http://www.bcbstx.com/trsactivecare | 1.866.355.5999

TRS ACTIVECARE – MEDICAL ENROLLMENT SUMMER 2022

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

ACTIVECARE PRIMARY

If you're currently in TRS-Activecare Primary and you make no change during Annual Enrollment, this will be your plan next year.

- Lowest premium
- Copays for doctor visits before you meet deductible
- Statewide network
- PCP referrals required to see specialists
- Not compatible with health savings account (HSA)
- Compatible with flexible spending account (FSA)
- No out-of-network coverage

ACTIVECARE HD

If you're currently in TRS-ActiveCare HD and you make no change during Annual Enrollment, this will be your plan next year.

- Lower premium
- Compatible with health savings account (HSA)
- Nationwide network with out-of-network coverage
- No requirement for PCPs or referrals
- Must meet deductible before plan pays for non-preventive care

ACTIVECARE PRIMARY+ (Primary Plus)

If you're currently in TRS-ActiveCare Primary+ and you make no changes during Annual Enrollment, this will be your plan next year.

- Lower deductible than HD and primary plans
- Copays for many services and drugs
- Higher premium
- Statewide network
- PCP referrals required to see specialists
- Not compatible with a health savings account (HSA)
- No out-of-network coverage
- Compatible with flexible spending account (FSA)

ACTIVECARE 2

If you're currently in TRS-ActiveCare 2, and you make no changes during Annual Enrollment, you will remain in TRS-ActiveCare 2 next year. *This plan is closed and not accepting new enrollees. If you're currently enrolled in TRS-ActiveCare 2, you can remain in this plan.*

- Closed to new enrollees
- Copays for many drugs and services

MEDICAL

EXPRESS SCRIPTS PRESCRIPTION BENEFITS

CVS Caremark | https://info.caremark.com/trsactivecare| 1.866.355.5999

WORKING COUPLES

If you and your spouse both work for LCM CISD, each of you may have coverage, but only one of you can cover your eligible dependents. In addition, only one employee can enroll in the Voluntary Term life insurance on their spouse.

If you have not received your cards, please call or log-into the BCBS website starting 9/1 to create an account and print temporary cards or request new ones.

TRS ACTIVECARE MEDICAL				
MONTHLY PREMIUM*	PRIMARY	HD	PRIMARY+	AC2
EMPLOYEE ONLY	$127	$139	$237	$723
EMPLOYEE + SPOUSE	$886	$919	$1000	$2112
EMPLOYEE + CHILD(REN)	$461	$482	$559	$1217
EMPLOYEE + FAMILY	$1115	$1155	$1332	$2551

**These rates reflect your LCM CISD Employer contribution of $290 per month.*

HOW TO LOCATE YOUR PCP:

Visit www.bcbstx.com/trsactivecare or call BCBS Customer Service at 866-355-5999
Select "Doctors and Hospitals" Select the desired medical plan
Enter your city or zip code
Select search criteria
Enter your doctor's name
Click "view profile" and the 10-digit PCP ID will be located under the Doctors name.

To identify whether your current doctors, specialists or practitioners are in the BCBS network, visit the above BCBS website and follow the instructions. You may also contact Blue Cross Blue Shield via phone 866-355-5999.

2022-23 TRS-ActiveCare Plan Highlights Sept. 1, 2022 – Aug. 31, 2023

TRS ActiveCare
TEACHER RETIREMENT SYSTEM OF TEXAS

How to Calculate Your Monthly Premium

Total Monthly Premium
− Your District and State Contributions
= **Your Premium**

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

Wellness Benefits at No Extra Cost*

Being healthy is easy with:

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

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

Things to Know

- TRS's Texas-sized purchasing power enables access to broad networks without county boundaries.
- Specialty drug insurance means you're covered, no matter what life throws at you.

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

	TRS-ActiveCare Primary	TRS-ActiveCare Primary+	TRS-ActiveCare HD
Plan Summary	• Lowest premium of all three plans • Copays for doctor visits before you meet your deductible • Statewide network • Primary Care Provider (PCP) referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage	• Lower deductible than the HD and Primary plans • Copays for many services and drugs • Higher premium • Statewide network • PCP referrals required to see specialists • Not compatible with a Health Savings Account (HSA) • No out-of-network coverage	• Compatible with a Health Savings Account (HSA) • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals • Must meet your deductible before plan pays for non-preventive care

Monthly Premiums	Total Premium	Your Premium	Total Premium	Your Premium	Total Premium	Your Premium
Employee Only	$417	$	$527	$	$429	$
Employee and Spouse	$1,176	$	$1,290	$	$1,209	$
Employee and Children	$751	$	$849	$	$772	$
Employee and Family	$1,405	$	$1,622	$	$1,445	$

Plan Features				
Type of Coverage	In-Network Coverage Only	In-Network Coverage Only	In-Network	Out-of-Network
Individual/Family Deductible	$2,500/$5,000	$1,200/$3,600	$3,000/$6,000	$5,500/$11,000
Coinsurance	You pay 30% after deductible	You pay 20% after deductible	You pay 30% after deductible	You pay 50% after deductible
Individual/Family Maximum Out of Pocket	$8,150/$16,300	$6,900/$13,800	$7,050/$14,100	$20,250/$40,500
Network	Statewide Network	Statewide Network	Nationwide Network	
PCP Required	Yes	Yes	No	

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

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

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

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

TRS-ActiveCare 2
• Closed to new enrollees • Current enrollees can choose to stay in plan • Lower deductible • Copays for many services and drugs • Nationwide network with out-of-network coverage • No requirement for PCPs or referrals

Total Premium	Your Premium
$1,013	$
$2,402	$
$1,507	$
$2,841	$

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

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

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

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

What's New and What's Changing

TRS ActiveCare
TEACHER RETIREMENT SYSTEM OF TEXAS

This table shows you the changes between 2021-22 statewide premium price and this year's 2022-23 regional price for your Education Service Center.

		2021-22 Total Premium	New 2022-23 Total Premium	Change in Dollar Amount	Key Plan Changes
TRS-ActiveCare Primary	Employee Only	$417	$417	**$0**	• Member Rewards was expanded to include more than 100 new procedures • Copay for Teladoc® rose from $0 to $12 • Maximum out of pocket for insulin capped at $25/31-day supply; $75/61-90 day supply
	Employee and Spouse	$1,176	$1,176	**$0**	
	Employee and Children	$751	$751	**$0**	
	Employee and Family	$1,405	$1,405	**$0**	
TRS-ActiveCare HD	Employee Only	$429	$429	**$0**	• In-network maximum rose by $50/individual; $100/families • The Member Rewards program is now available for HD participants - Rewards are paid through a limited-purpose Health Care Account (HCA) and can be used toward dental and vision expenses • Consult fee for Teladoc rose from $30 to $42
	Employee and Spouse	$1,209	$1,209	**$0**	
	Employee and Children	$772	$772	**$0**	
	Employee and Family	$1,445	$1,445	**$0**	
TRS-ActiveCare Primary+	Employee Only	$542	$527	**($15)**	• Member Rewards was expanded to include more than 100 new procedures • Copay for Teladoc rose from $0 to $12 • Maximum out of pocket for insulin capped at $25/31-day supply; $75/61-90 day supply
	Employee and Spouse	$1,334	$1,290	**($44)**	
	Employee and Children	$879	$849	**($30)**	
	Employee and Family	$1,675	$1,622	**($53)**	
TRS-ActiveCare 2 (closed to new enrollees)	Employee Only	$1,013	$1,013	**$0**	• Copay for Teladoc rose from $0 to $12 • Maximum out of pocket for insulin capped at $25/31-day supply; $75/61-90 day supply • This plan is still closed to new enrollees
	Employee and Spouse	$2,402	$2,402	**$0**	
	Employee and Children	$1,507	$1,507	**$0**	
	Employee and Family	$2,841	$2,841	**$0**	

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

Effective: Sept. 1, 2022

Compare Prices for Common Medical Services

REMEMBER: Log into Blue Access for Members℠ at **www.bcbstx.com/trsactivecare** to use the cost estimator tool. This will help you find the best prices through different providers.

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

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

www.trs.texas.gov

Revised 05/03/22

PRESCRIPTION DISCOUNT

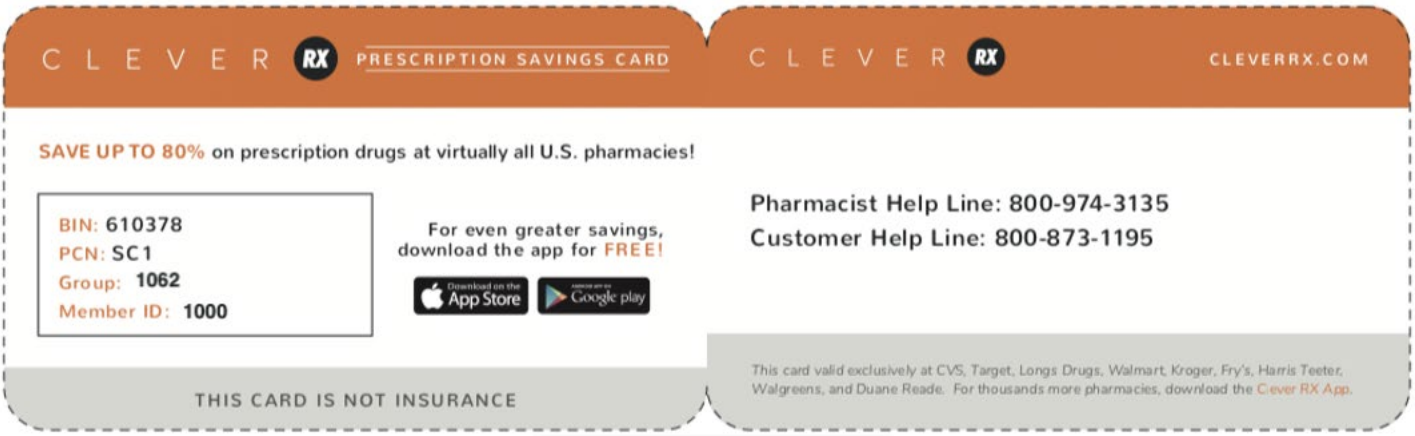
Clever RX | https://partner.cleverrx.com/ffga | 1.800.873.1195

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

HIGHLIGHTS

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

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



DENTAL INSURANCE

Cigna | www.cigna.com | 1.800.997.1654

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

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

DENTAL INSURANCE	
MONTHLY PREMIUMS	
EMPLOYEE ONLY	$26.72
EMPLOYEE + SPOUSE	$50.96
EMPLOYEE + CHILD(REN)	$65.34
EMPLOYEE + FAMILY	$77.85

To Search for a dentist:

1. Visit www.cigna.com
2. Select "Find a Doctor or Dentist
3. Select "Employer or School"
4. Enter your Zip code
5. Click on "Doctor by Type"
6. Select "General Dentist"
7. Select "Continue as Guest"
8. Click "Continue"
9. Choose "Total Cigna DPPO" network

You may also call Cigna at 1-800-244-6224 to have a list faxed or mailed to you.

Cigna Dental Benefit Summary
Little Cypress-Mauriceville CISD
Plan Renewal Date: 09/01/2022

Insured by: Cigna Health and Life Insurance Company

This material is for informational purposes only and is designed to highlight some of the benefits available under this plan. Consult the plan documents to determine specific terms of coverage relating to your plan. Terms include covered procedures, applicable waiting periods, exclusions and limitations.
Your plan allows you to see any licensed dentist, but using an in-network dentist may minimize your out-of-pocket expenses.

Cigna Dental Choice Plan				
Network Options	***In-Network:*** **Total Cigna DPPO Network**		***Out-of-Network:*** **See Non-Network Reimbursement**	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
Calendar Year Benefits Maximum Applies to: Class I, II, III & IX expenses	$1,000		$1,000	
Calendar Year Deductible Individual Family	$50 $0		$50 $0	
Benefit Highlights	***Plan Pays***	***You Pay***	***Plan Pays***	***You Pay***
Class I: Diagnostic & Preventive Oral Evaluations Prophylaxis: routine cleanings X-rays: routine X-rays: non-routine Fluoride Application Sealants: per tooth Space Maintainers: non-orthodontic	100% No Deductible	No Charge	100% No Deductible	No Charge
Class II: Basic Restorative Restorative: fillings Endodontics: minor and major Periodontics: minor and major Oral Surgery: minor Emergency Care to Relieve Pain	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
Class III: Major Restorative Inlays and Onlays Prosthesis Over Implant Crowns: prefabricated stainless steel / resin Crowns: permanent cast and porcelain Bridges and Dentures Oral Surgery: major Anesthesia: general and IV sedation Repairs: bridges, crowns and inlays Repairs: dentures Denture Relines, Rebases and Adjustments	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Class IV: Orthodontia Coverage for Dependent Children to age 19 Lifetime Benefits Maximum: $1,000	50% No Deductible	50% No Deductible	50% No Deductible	50% No Deductible
Class IX: Implants	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible
Benefit Plan Provisions:				
In-Network Reimbursement	For services provided by a Cigna Dental PPO network dentist, Cigna Dental will reimburse the dentist according to a Fee Schedule or Discount Schedule.			
Non-Network Reimbursement	For services provided by a non-network dentist, Cigna Dental will reimburse according to the Maximum Reimbursable Charge. The MRC is calculated at the 90th percentile of all provider submitted amounts in the geographic area. The dentist may balance bill up to their usual fees.			
Cross Accumulation	All deductibles, plan maximums, and service specific maximums cross accumulate between in and out of network. Benefit frequency limitations are based on the date of service and cross accumulate between in and out of network.			
Calendar Year Benefits Maximum	The plan will only pay for covered charges up to the yearly Benefits Maximum, when applicable. Benefit-specific Maximums may also apply.			
Calendar Year Deductible	This is the amount you must pay before the plan begins to pay for covered charges, when applicable. Benefit-specific deductibles may also apply.			

Pretreatment Review	Pretreatment review is available on a voluntary basis when dental work in excess of $200 is proposed.
Alternate Benefit Provision	When more than one covered Dental Service could provide suitable treatment based on common dental standards, Cigna will determine the covered Dental Service on which payment will be based and the expenses that will be included as Covered Expenses.
Oral Health Integration Program®	The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for customers with certain medical conditions. There is no additional charge to participate in the program. Those who qualify can receive reimbursement of their coinsurance for eligible dental services. Eligible customers can also receive guidance on behavioral issues related to oral health. Reimbursements under this program are not subject to the annual deductible, but will be applied to the plan annual maximum. For more information on how to enroll in this program and a complete list of terms and eligible conditions, go to www.mycigna.com or call customer service 24/7 at 1-800-Cigna24.
Timely Filing	Out of network claims submitted to Cigna after 365 days from date of service will be denied.
Benefit Limitations:	
Missing Tooth Limitation	For teeth missing prior to coverage with Cigna, the amount payable is 50% of the amount otherwise payable until covered for 12 months; thereafter, considered a Class III expense.
Oral Evaluations/Exams	2 per calendar year.
X-rays (routine)	Bitewings: 2 per calendar year.
X-rays (non-routine)	Complete series of radiographic images and panoramic radiographic images: Limited to a combined total of 1 per 36 months.
Diagnostic Casts	Payable only in conjunction with orthodontic workup.
Cleanings	2 per calendar year, including periodontal maintenance procedures following active therapy.
Fluoride Application	1 per calendar year for children under age 19.
Sealants (per tooth)	Limited to posterior tooth. 1 treatment per tooth every 36 months for children under age 14.
Space Maintainers	Limited to non-orthodontic treatment for children under age 19.
Inlays, Crowns, Bridges, Dentures and Partials	Replacement every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth-colored material on molar crowns or bridges.
Denture and Bridge Repairs	Reviewed if more than once.
Denture Adjustments, Rebases and Relines	Covered if more than 6 months after installation.
Prosthesis Over Implant	1 every 60 months if unserviceable and cannot be repaired. Benefits are based on the amount payable for non-precious metals. No porcelain or white/tooth colored material on molar crowns or bridges.

Benefit Exclusions:

Covered Expenses will not include, and no payment will be made for the following:

- Procedures and services not included in the list of covered dental expenses;
- Diagnostic: cone beam imaging;
- Preventive Services: instruction for plaque control, oral hygiene and diet;
- Restorative: veneers of porcelain, ceramic, resin, or acrylic materials on crowns or pontics on or replacing the upper and or lower first, second and/or third molars;
- Periodontics: bite registrations; splinting;
- Prosthodontics: precision or semi-precision attachments;
- Procedures, appliances or restorations, except full dentures, whose main purpose is to change vertical dimension, diagnose or treat conditions of dysfunction of the temporomandibular joint (TMJ), stabilize periodontally involved teeth or restore occlusion;
- Athletic mouth guards;
- Services performed primarily for cosmetic reasons;
- Personalization or decoration of any dental device or dental work;
- Replacement of an appliance per benefit guidelines;
- Services that are deemed to be medical in nature;
- Services and supplies received from a hospital;
- Drugs: prescription drugs;
- Charges in excess of the Maximum Reimbursable Charge.

This document provides a summary only. It is not a contract. If there are any differences between this summary and the official plan documents, the terms of the official plan documents will prevail.

Product availability may vary by location and plan type and is subject to change. All group dental insurance policies and dental benefit plans contain exclusions and limitations. For costs and details of coverage, review your plan documents or contact a Cigna representative.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company (CHLIC), Connecticut General Life Insurance Company, and Cigna Dental Health, Inc.

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VISION INSURANCE

Cigna | www.cigna.com | 1.800.997.1654

Proper vision care is essential to your overall wellbeing. 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 - $10 co-pay
*Eyeglasses - $130 allowance
*Contact Lenses - $130 allowance
*Lenses – every 12 months
*Frames – every 24 months
*Exams – Every 12 months

VISION INSURANCE	
MONTHLY PREMIUMS	
EMPLOYEE ONLY	$5.80
EMPLOYEE + SPOUSE	$11.59
EMPLOYEE + CHILD(REN)	$11.71
EMPLOYEE + FAMILY	$18.69

This is a PPO plan and you may visit any provider you choose. To receive maximum benefits, in-network providers are best. You may also call Cigna at 1-800-244-6224 to have a list faxed or mailed to you.



Summary of Benefits Cigna Health and Life Insurance Company

Cigna Vision
Little Cypress-Mauriceville CISD
C1 - Standard PPO Comprehensive Plan

Welcome to Cigna Vision Schedule of Vision Coverage			
Coverage	**In-Network Benefit*** **	**Out-of-Network Benefit**	**Frequency Period ** **
Exam Copay	$10	N/A	12 months
Exam Allowance (once per frequency period)	Covered 100% after Copay	Up to $45	12 months
Materials Copay	$20	N/A	12 months
Eyeglass Lenses Allowances: (one pair per frequency period) Single Vision Lined Bifocal Lined Trifocal Progressives Lenticular	 Covered 100% after Copay Covered 100% after Copay Covered 100% after Copay Covered 100% after Copay Covered 100% after Copay	 Up to $40 Up to $65 Up to $75 Up to $75 Up to $100	 12 months 12 months 12 months 12 months 12 months
Contact Lenses Allowances: (one pair or single purchase per frequency period) Elective Therapeutic	 $130 Covered 100%	 Up to $105 Up to $210	 12 months 12 months
Frame Retail Allowance (one per frequency period)	Up to $130	Up to $71	24 months
** Your Frequency Period begins on the 1st of your plan renewal month (Contract year basis)			

Definitions:
Copay: the amount you pay towards your exam and/or materials, lenses and/or frames. (Note: copays do not apply to contact lenses).
Coinsurance: the percentage of charges Cigna will pay. Customer is financially responsible for the balance.
Allowance: the maximum amount Cigna will pay. Customer is financially responsible for any amount over the allowance.
Materials: eyeglass lenses, frames, and/or contact lenses.

- To receive in-network benefits, you cannot use this coverage with any other discounts, promotions, or prior orders.
- If you use other discounts and/or promotions instead of this vision coverage, or go to an out-of-network eye care professional, you may file an out-of-network claim to be reimbursed for allowable expenses.

In-Network Coverage Includes***:
- One vision and eye health evaluation including but not limited to eye health examination, dilation, refraction, and prescription for glasses;
- One pair of standard prescription plastic or glass lenses, all ranges of prescriptions (powers and prisms)
  - Polycarbonate lenses for children under 19 years of age
  - Oversize lenses
  - Rose #1 and #2 solid tints
  - Minimum 20% savings* on all additional lens enhancements you choose for your lenses, including but not limited to: scratch/ultraviolet/anti-reflective coatings; polycarbonate (adults); all tints/photochromic (glass or plastic); and lens styles.

- One frame for prescription lenses – frame of choice covered up to retail plan allowance, plus a 20% savings on amount that exceeds frame allowance;
- One pair of contact lenses or a single purchase of a supply of contact lenses – in lieu of lenses and frame benefit, (may not receive contact lenses and frames in same benefit year). Allowance applied towards cost of supplemental contact lens professional services (including the fitting and evaluation) and contact lens materials

* Provider participation is 100% voluntary; please check with your Eye Care Professional for any offered discounts.
*** Coverage may vary at participating discount retail and membership club optical locations, please contact Customer Service for specific coverage information.

Coverage for **Therapeutic** contact lenses will be provided when visual acuity cannot be corrected to 20/70 in the better eye with eyeglasses and the fitting of the contact lenses would obtain this level of visual acuity; and in certain cases of anisometropia, keratoconus, or aphakis; as determined and documented by your Vision eye care professional. Contact lenses fitted for other therapeutic purposes or the narrowing of visual fields due to high minus or plus correction will be covered in accordance with the Elective contact lens coverage shown on the Schedule of Benefits.

Healthy Rewards® - Vision Network Savings Program:

- When you see a Cigna Vision Network Eye Care Professional*, you can save 20% (or more) on additional frames and/or lenses, including lens options, with a valid prescription. This savings does not apply to contact lens materials. See your Cigna Vision Network Eye Care Professional for details.

What's Not Covered:

- Orthoptic or vision training and any associated supplemental testing
- Medical or surgical treatment of the eyes
- Any eye examination, or any corrective eyewear, required by an employer as a condition of employment
- Any injury or illness when paid or payable by Workers' Compensation or similar law, or which is work-related
- Charges in excess of the usual and customary charge for the Service or Materials
- Charges incurred after the policy ends or the insured's coverage under the policy ends, except as stated in the policy
- Experimental or non-conventional treatment or device
- Magnification or low vision aids not shown as covered in the Schedule of Vision Coverage
- Any non-prescription (minimum Rx required) eyeglasses, includes frame, lenses, or contact lenses
- Spectacle lens treatments, "add-ons", or lens coatings not shown as covered in the Schedule of Vision Coverage
- Prescription sunglasses
- Two pair of glasses, in lieu of bifocals or trifocals
- Safety glasses or lenses required for employment not shown as covered in the Schedule of Vision Coverage
- VDT (video display terminal)/computer eyeglass benefit
- Claims submitted and received in excess of twelve (12) months from the original Date of Service

How to use your Cigna Vision Benefits

(Please be aware that the Cigna Vision network is different from the networks supporting our health/medical plans).

1. Finding a doctor
There are three ways to find a quality eye doctor in your area:

1. Log into myCigna.com,"Coverage", select Vision page. Click on Visit Cigna Vision. Then select "Find a Cigna Vision Network Eye Care Professional" to search the Cigna Vision Directory.
2. Don't have access to myCigna.com? Go to Cigna.com, top of the page select "Find A Doctor, Dentist or Facility", click on Cigna Vision Directory, under Additional Resources.
3. Prefer the phone? Call the toll-free number found on your Cigna insurance card and talk with a Cigna Vision customer service representative.

2. Schedule an appointment
Identify yourself as a Cigna Vision customer when scheduling an appointment. Present your Cigna or Cigna Vision ID card at the time of your appointment, which will quickly assist the doctor's office with accessing your plan details and verifying your eligibility.

3. Out-of-network plan reimbursement

How to use your Cigna Vision Benefits

Send a completed Cigna Vision claim form and itemized receipt to: Cigna Vision, Claims Department: PO Box 385018, Birmingham, AL 35238-5018.

To get a Cigna Vision claim form:
• Go to **Cigna.com** and go to Forms, Vision Forms
• Go to **myCigna.com** and go to your vision coverage page

Cigna Vision will pay for covered expenses within ten business days of receiving the completed claim form and itemized receipt.

Benefits are underwritten or administered by Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company. Read your plan carefully – this benefit summary provides a very brief description of the important features of your plans. This is not the insurance contract. Your full rights and benefits are expressed in the actual plan documents that are available to you upon request. Participating providers are independent contractors solely responsible for your routine vision examinations and products.

"Cigna" is a registered service mark, and the "Tree of Life" logo, "Cigna Vision" and "CG Vision" are service marks, of Cigna Intellectual Property, Inc., licensed for use by Cigna Corporation and its operating subsidiaries. All products and services are provided by or through such operating subsidiaries, including Connecticut General Life Insurance Company and Cigna Health and Life Insurance Company, and not by Cigna Corporation. In Arizona and Louisiana, the Cigna Vision product is referred to as CG Vision. Healthy Rewards® - Vision Network Savings Program powered by Cigna Vision is a discount program, not an insured benefit.

DISCRIMINATION IS AGAINST THE LAW

Vision coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance by sending an email to ACAGrievance@Cigna.com or by writing to the following address:

Cigna
Nondiscrimination Complaint Coordinator
PO Box 188016
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to ACAGrievance@Cigna.com. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, DC 20201
1.800.368.1019, 800.537.7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company and Connecticut General Life Insurance Company. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. Call 1.877.478.7557 (TTY: 800.428.4833). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.877.478.7557 (TTY: 800.428.4833).

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Proficiency of Language Assistance Services

English – ATTENTION: Language assistance services, free of charge, are available to you. Call 1.877.478.7557 (TTY: 800.428.4833).

Spanish – ATENCIÓN: Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1.877.478.7557 (TTY: 800.428.4833).

Chinese – 注意：我們可為您免費提供語言協助服務。請致電 1.877.478.7557 （聽障專線：800.428.4833）。

Vietnamese – XIN LƯU Ý: Quý vị được cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi 1.877.478.7557 (TTY: 800.428.4833).

Korean – 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.877.478.7557 (TTY: 800.428.4833)번으로 전화해주십시오.

Tagalog – PAUNAWA: Makakakuha ka ng mga serbisyo sa tulong sa wika nang libre. Tumawag sa 1.877.478.7557 (TTY: 800.428.4833).

Russian – ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.877.478.7557 (линия TTY телетайп: 800.428.4833).

Arabic – ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.877.478.7557 (رقم هاتف الصم والبكم: 800.428.4833).

French Creole – ATANSYON: Gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1.877.478.7557 (TTY: 800.428.4833).

French – ATTENTION: Des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le 1.877.478.7557 (ATS: 800.428.4833).

Portuguese – ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue 1.877.478.7557 (TTY: 800.428.4833).

Polish – UWAGA: Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1 877 478 7557 (TTY: 800.428.4833).

Japanese – 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1.877.478.7557（TTY: 800.428.4833）まで、お電話にてご連絡ください。

Italian – ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1.877.478.7557 (TTY: 800.428.4833).

German – ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.877.478.7557 (TTY: 800.428.4833).

Persian (Farsi) – توجه: خدمات کمک زبانی، به صورت رایگان به شما ارائه می‌شود. با شماره 1.877.478.7557 تماس بگیرید (شماره تلفن ویژه ناشنوایان: 800.428.4833).

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FLEXIBLE SPENDING ACCOUNTS

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

MEDICAL FSA

A Medical Flexible Spending Account (Medical FSA) is an IRS-approved program to help you save taxes and pay for out-of-pocket medical expenses not covered under your medical plan. If your plan includes a grace period option, you have additional time to incur and claim against unused funds in the new plan year. Keep in mind that remaining balances after the grace period is exhausted will be forfeited under the use-it-or-lose-it rule.

Your maximum contribution amount for 2022 is $2,850.

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 with be forfeited.
- Use your benefits card to pay for qualified expenses upfront without spending money out of pocket.
- Keep all receipts in case you need to substantiate a claim for tax purposes.

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

DEPENDENT CARE FSA

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

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

HIGHLIGHTS

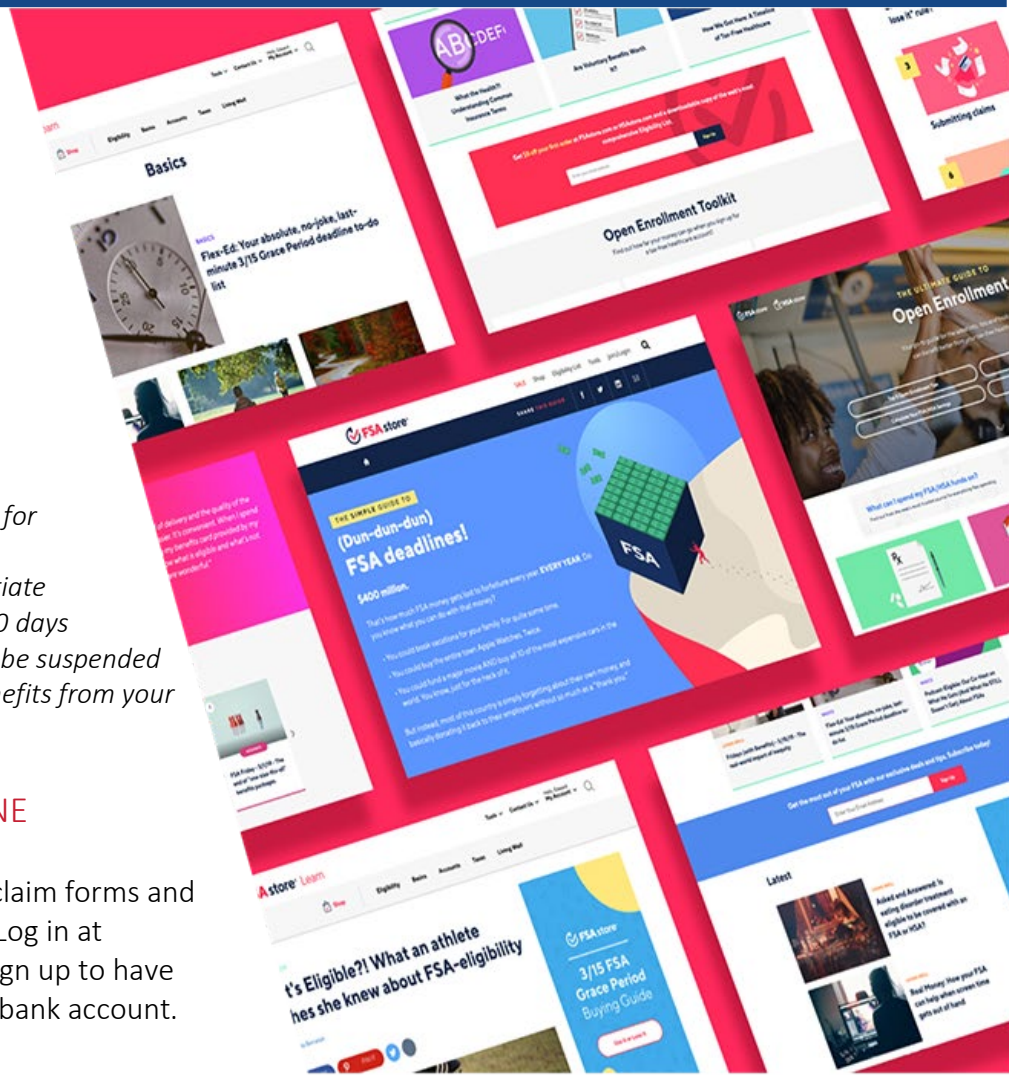
- Eligible dependents must be claimed as an exemption on your tax return.
- Eligible dependents must be children under age 13 or an adult dependent incapable of self-care.
- Funds become available as contributions are made to your account.
- Keep all receipts in case you need to substantiate a claim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

FSA RESOURCES

BENEFITS CARD

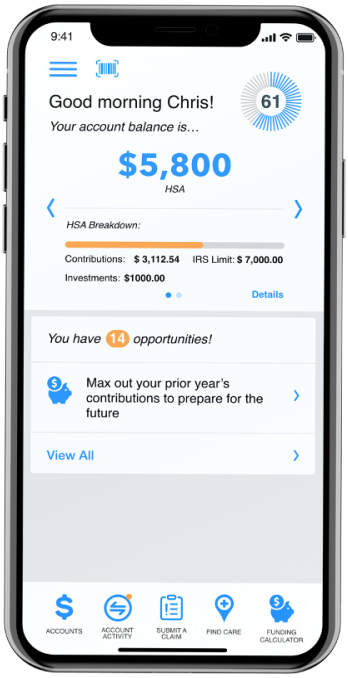
The First Financial Benefits Card is available to all employees that participate in a Medical FSA and/or a Dependent Care FSA. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents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

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



VIEW YOUR ACCOUNT DETAILS ONLINE

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



FF MOBILE ACCOUNT APP

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

FSA STORE

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

FSA store®
Everything Flex Spending.

HEALTH SAVINGS ACCOUNTS

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

HEALTH SAVINGS ACCOUNTS

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

Your maximum contribution amount for 2022 is $3,650 for individual or $7,300 for family.

HIGHLIGHTS

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

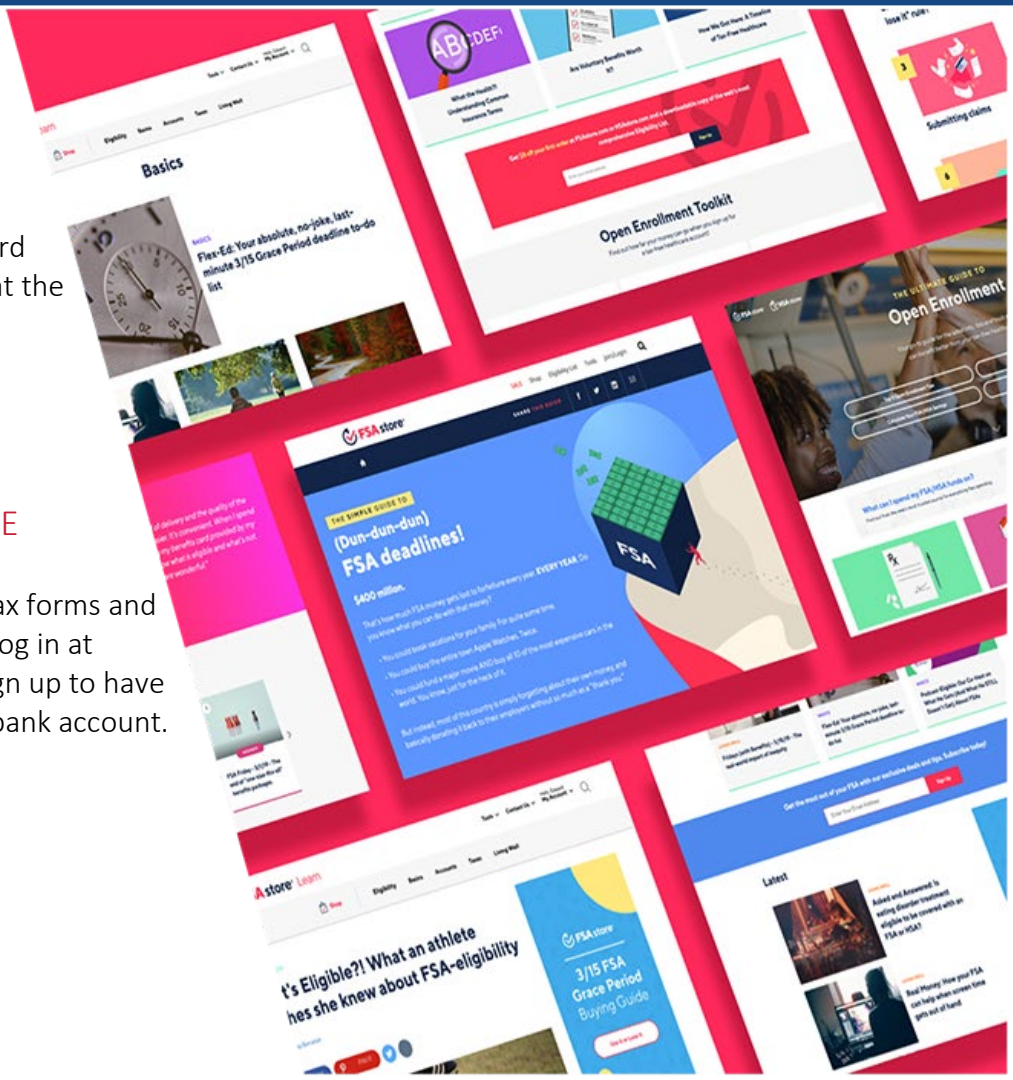
WHO CAN PARTICIPATE IN AN HSA?

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

HSA RESOURCES

BENEFITS CARD

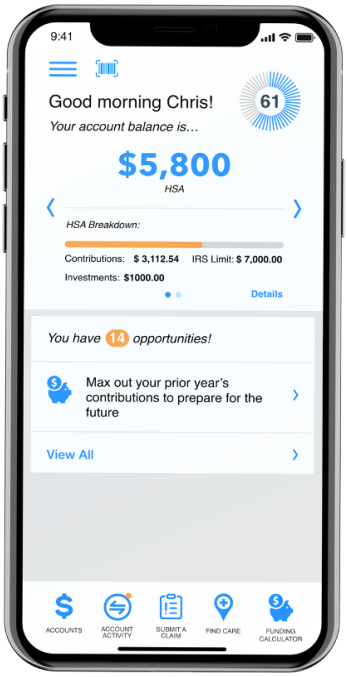
The First Financial Benefits Card is available to all employees that participate in a Health Savings Account. The Benefits Card gives you immediate access to your money at the point of purchase. Cards are available for participating employees, their spouse and any eligible dependents who are at least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



VIEW YOUR ACCOUNT DETAILS ONLINE

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

FF MOBILE ACCOUNT APP



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

HSA STORE

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

HSA store®
Health Saving, Simplified.

LIFE INSURANCE

BCBSTX | www.bcbstx.com/ancillary | 1.877.442.4207

EMPLOYER-PAID TERM LIFE

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 with a benefit of $14,000. The cost of this policy is paid for 100% by your employer. This is a term life policy that is only in effect while you are a district employee. This policy does not continue after retirement or if you leave the district.

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, only while you are employed as a district employee. 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. This policy does not continue after retirement or if you leave the district. Visit the Employee Benefits Center for more details. ffbenefits.ffga.com/littlecypressmauricevillecisd/

TEXAS LIFE – PERMANENT LIFE

Texas Life Insurance | www.texaslife.com | 1.800.283.9233

TEXAS LIFE INSURANCE - PERMANENT, PORTABLE LIFE INSURANCE

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

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.

BlueCross BlueShield of Texas

GROUP BENEFIT PROGRAM SUMMARY
For LITTLE CYPRESS-MAURICEVILLE CISD / TEEBC TRUST F021842 - 269

The death of a family provider can mean that a family will not only find itself facing the loss of a loved one, but also the loss of financial security. With our Group Term Life plan, an employee can achieve peace of mind by giving their family the security they can depend on.

EMPLOYER PAID BASIC GROUP TERM LIFE/AD&D

Eligibility	All Active Full Time Employees who regularly work 10 hours per week are eligible for insurance on their date of hire. Class 1 – Administrators Class 2 – All Other Full Time Employees
Group Term Life/AD&D Benefit:	Class 1 – $39,000 (Administrators) Class 2- $14,000 (All other Employees)
Guarantee Issue Amount – Employee	Class 1 - $39,000 Class 2 - $14,000
Age Reduction Schedule	Life and AD&D benefits reduce by 50% of the original amount at age 75. Benefits terminate at retirement.
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Definition of Disability	Diagnosed by a doctor to be completely unable, because of sickness or injury to engage in any occupation for wage or profit or any occupation for which they become qualified by education, training or experience.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: $7,500. Maximum: $250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Conversion Privilege	Included.
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Texas is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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BlueCross BlueShield of Texas

GROUP ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) PROGRAM SUMMARY

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is 24-hour coverage.

AD&D Schedule of Loss*	Principal Sum
Loss of Life	100%
Loss of Both Hands or Both Feet	100%
Loss of One Hand and One Foot	100%
Loss of Speech and Hearing	100%
Loss of Sight of Both Eyes	100%
Loss of One Hand and the Sight of One Eye	100%
Loss of One Foot and the Sight of One Eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of Sight of One Eye	50%
Loss of One Hand or One Foot	50%
Loss of Speech or Hearing	50%
Loss of Thumb and Index Finger of Same Hand	25%
Uniplegia	25%

***** Loss must occur within 365 days of the accident.

AD&D Product Features Included:

- Seatbelt and Airbag Benefits
- Repatriation Benefit
- Education Benefit

Exclusions – Unless specifically covered in the policy, or required by state law, we will not pay any AD&D benefit for any loss that, directly or indirectly, results in any way from or is contributed to by:

1. disease of the mind or body, or any treatment thereof;
2. infections, except those from an accidental cut or wound;
3. suicide or attempted suicide;
4. intentionally self-inflicted injury;
5. war or act of war;
6. travel or flight in any aircraft while a member of the crew;
7. commission of, or participation in a felony;
8. under the influence of certain drugs, narcotics, or hallucinogen unless properly used as prescribed by a physician; or
9. intoxication as defined in the jurisdiction where the accident occurred;
10. participation in a riot.

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BlueCross BlueShield of Texas

BENEFIT PROGRAM SUMMARY
For LITTLE CYPRESS-MAURICEVILLE CISD / TEEBC TRUST F021842 - 269

SUPPLEMENTAL GROUP TERM LIFE

Eligibility	All Active Full Time Employees who regularly work 10 hours per week are eligible for insurance on their date of hire
Group Term Life Benefit: Employee	$20,000 - $500,000, in increments of $10,000, not to exceed 5 times your annual earnings.
Guarantee Issue Amount – Employee	$200,000
Group Term Life Benefit: Spouse (Includes Domestic Partners)	$5,000 - $250,000, in increments of $5,000, not to exceed 50% of the employee benefit amount.
Guarantee Issue Amount – Spouse	$50,000
Group Term Life Benefit: Child(ren)	Live Birth to Age 26 - $10,000
Age Reduction Schedule	Employee Basic Life/AD&D and Employee/Spouse Supplemental Group Term Life benefits reduce by 50% of the original amount at age 75. Benefits terminate at retirement.
Employee Contribution	100%
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 9 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 75% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: $7,500. Maximum: $250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Portability Feature (Life coverage)	Included. (Employee)
Conversion Privilege (Life coverage)	Included.
Exclusions	One-year suicide exclusion applies to Supplemental Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

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LIFE INSURANCE HIGHLIGHTS
For the employee

PURELIFE-PLUS

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

The contract, PURE**LIFE**-PLUS, is underwritten by Texas Life Insurance Company, and it has the following features:

- **High Death Benefit.** With one of the highest death benefits available at the worksite,[1] PURE**LIFE**-PLUS gives your loved ones peace of mind, knowing there will be life insurance in force when you die.
- **Refund of Premium.** Unique in the marketplace, PURE**LIFE**-PLUS offers you a refund of 10 years' premium, should you surrender the contract if the premium you pay when you buy the contract ever increases. *(Conditions apply.)*
- **Accelerated Death Benefit Due to Terminal Illness Rider.** Should you be diagnosed as terminally ill with the expectation of death within 12 months, you will have the option to receive 92% of the death benefit, minus a $150 ($100 in Florida) administrative fee. This valuable living benefit gives you peace of mind knowing that, should you need it, you can take the large majority of your death benefit while still alive. *(Conditions apply.) (Form ICC07-ULABR-07 or Form Series ULABR-07)*
- **Accelerated Death Benefit for Chronic Illness Rider.**[2] Included for employees at a small extra cost, this rider will be triggered by the loss of two activities of daily living[3] or permanent cognitive impairment. It pays the insured 92% of the death benefit minus a small administrative fee, should the insured decide to exercise it. This valuable living benefit can help offset the cost of either in-home care or care in a resident facility. *(Conditions apply.) (Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15)*

First Financial Group of America
First in Service and Expertise

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

21M066-C FFGA 2009 (exp0523)
Not for use in CA.

The agent/agency offering this coverage is not affiliated with Texas Life other than to market its products.
Claims payments are the responsibility of Texas Life Insurance Company.

Additional Features

- **Minimal Cash Value.** Designed to provide a high death benefit at a reasonable premium, PURE**LIFE**-PLUS provides peace of mind for you and your beneficiaries while freeing investment dollars to be directed toward such tax-favored retirement plans as 403(b), 457 and 401(k).

- **Long Guarantees.** Enjoy the assurance of a contract that has a guaranteed death benefit to age 121 and level premium that guarantees coverage for a significant period of time (after the guaranteed period, premiums may go down, stay the same, or go up).[4]

You may apply for this permanent coverage, not only for yourself, but also for your spouse, children and grandchildren.[5]



3 QUICK QUESTIONS

You can qualify by answering just 3 questions – no exams or needles.

DURING THE LAST SIX MONTHS, HAS THE PROPOSED INSURED:

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

PureLife-plus is a Flexible Premium Adjustable Life Insurance to Age 121. As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please contact a Texas Life representative or see the Purelife-plus brochure for costs and complete details. Contract Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18.

[1] Voluntary Whole and Universal Life Products, Eastbridge Consulting Group, December 2018
[2] Chronic Illness Rider available for an additional cost for employees only. Conditions apply. Form ICC15-ULABR-CI-15 or Form Series ULABR-CI-15.
[3] Six Activities of Daily Living include: bathing, continence, dressing, eating, toileting, and transferring. Severe Cognitive Impairment means a deterioration or loss in intellectual capacity that: (1) places the Insured in jeopardy of harming him/herself or others and, therefore, the Insured requires Substantial Supervision by another individual; and (2) is measured by clinical evidence and standardized tests which reliably measure impairment in: (a) short or long-term memory; (b) orientation to people, places or time; and (c) deductive or abstract reasoning.
[4] Guarantees are subject to product terms, limitations, exclusions, and the insurer's claims paying ability and financial strength
[5] Coverage not available on children in WA or on grandchildren in WA or MD. In MD, children must reside with the applicant to be eligible for coverage.

MONTHLY NON-TOBACCO PREMIUMS
EMPLOYEES ONLY *with Accidental Death & Chronic Illness Riders*

TEXASLIFE INSURANCE COMPANY

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) and Accelerated Death Benefit for Chronic Illness (All Ages) $10,000	$25,000	$50,000	$75,000	$100,000	$150,000	$200,000	$250,000	$300,000	GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
15D-1										81
2-4										80
5-8										79
9-10										79
11-16										77
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

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".

NON-TOBACCO

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

Contract Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18

MONTHLY NON-TOBACCO PREMIUMS
SPOUSE & CHILD *with Accidental Death Rider*

TEXASLIFE INSURANCE COMPANY

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

Issue Age (ALB)	Monthly Premiums for Life Insurance Face Amounts Shown Includes Added Cost for Accidental Death Benefit (Ages 17-59) $10,000	$15,000	$20,000	$25,000	$30,000	$35,000	$40,000	$45,000	$50,000	GUARANTEED PERIOD Age to Which Coverage is Guaranteed at Table Premium
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	14.25	16.25	18.25	20.25	22.25	75
21-22				12.50	14.55	16.60	18.65	20.70	22.75	74
23				12.75	14.85	16.95	19.05	21.15	23.25	75
24-25				13.00	15.15	17.30	19.45	21.60	23.75	74
26				13.50	15.75	18.00	20.25	22.50	24.75	75
27-28				13.75	16.05	18.35	20.65	22.95	25.25	74
29				14.00	16.35	18.70	21.05	23.40	25.75	74
30-31				14.25	16.65	19.05	21.45	23.85	26.25	73
32				15.00	17.55	20.10	22.65	25.20	27.75	74
33				15.50	18.15	20.80	23.45	26.10	28.75	74
34				16.25	19.05	21.85	24.65	27.45	30.25	75
35		11.25	14.25	17.25	20.25	23.25	26.25	29.25	32.25	76
36		11.55	14.65	17.75	20.85	23.95	27.05	30.15	33.25	76
37		12.00	15.25	18.50	21.75	25.00	28.25	31.50	34.75	77
38		12.45	15.85	19.25	22.65	26.05	29.45	32.85	36.25	77
39		13.20	16.85	20.50	24.15	27.80	31.45	35.10	38.75	78
40	10.05	13.95	17.85	21.75	25.65	29.55	33.45	37.35	41.25	79
41	10.75	15.00	19.25	23.50	27.75	32.00	36.25	40.50	44.75	80
42	11.55	16.20	20.85	25.50	30.15	34.80	39.45	44.10	48.75	81
43	12.25	17.25	22.25	27.25	32.25	37.25	42.25	47.25	52.25	82
44	12.95	18.30	23.65	29.00	34.35	39.70	45.05	50.40	55.75	83
45	13.65	19.35	25.05	30.75	36.45	42.15	47.85	53.55	59.25	83
46	14.45	20.55	26.65	32.75	38.85	44.95	51.05	57.15	63.25	84
47	15.15	21.60	28.05	34.50	40.95	47.40	53.85	60.30	66.75	84
48	15.85	22.65	29.45	36.25	43.05	49.85	56.65	63.45	70.25	85
49	16.75	24.00	31.25	38.50	45.75	53.00	60.25	67.50	74.75	85
50	17.75	25.50	33.25	41.00						86
51	18.95	27.30	35.65	44.00						87
52	20.25	29.25	38.25	47.25						88
53	21.25	30.75	40.25	49.75						88
54	22.25	32.25	42.25	52.25						88
55	23.35	33.90	44.45	55.00						89
56	24.35	35.40	46.45	57.50						89
57	25.55	37.20	48.85	60.50						89
58	26.65	38.85	51.05	63.25						89
59	27.85	40.65	53.45	66.25						89
60	28.55	41.70	54.85	68.00						90
61										90
62										90
63										90
64										90
65										90
66										90
67										91
68										91
69										91
70										91

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".

Non-Tobacco

HOSPITAL INDEMNITY INSURANCE

Aetna | www.aetna.com| 1.800.607.3366

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

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

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

HOSPITAL INDEMNITY		
MONTHLY PREMIUMS	LOW PLAN	HIGH PLAN
EMPLOYEE	$7.87	$15.38
EMPLOYEE + SPOUSE	$17.45	$34.21
EMPLOYEE + CHILD(REN)	$13.47	$26.24
EMPLOYEE + FAMILY	$22.24	$43.41

Aetna Accident Plan

Plan Description

Aetna's Accident plan pays members cash directly to help cover out-of-pocket costs, such as deductibles or coinsurance, day care, utility bills or whatever else they need as a result of a covered accident.

Plan Eligibility

- Employee eligibility as defined by the Client. A minimum of at least 15 hours per week is required
- Eligible dependents include: Legal spouse, domestic partner, children under age 26 and provided they meet the definition of dependent child as defined by the state
- Retirees are not considered actively at work and therefore not eligible for this plan

Plan Highlights

- Guaranteed Issue every year for employees and their families – even if coverage waived in the past
- Rate Guarantee for 36 months subject to all other terms in this Proposal
- 4 Tier Coverage options include: Employee, Employee & Spouse, Employee & Children, and Family
- HSA compatible
- Cash benefits paid directly to the employee
- Simplified Claims Process for Aetna medical members
- Online claims process for employees not enrolled in an Aetna medical plan
- Participation Requirement Waived

Plan Features

- Full schedule of benefits payable for accidental injuries including initial/follow-up treatment, ambulance trips, medical imaging, surgeries, concussion, dislocations and fractures, hospital stays, AD&D
- On/Off Job coverage
- Organized sports rider
- Waiver of premium
- Portable

Value Added Programs

Access to Aetna Discount Programs: including blood pressure monitors, weight-loss programs and meal plans, books and magazine subscriptions, gym memberships, health and wellness products, hearing and dental products, eye care and more.

Accident Plan Benefits

Each benefit is payable once per accident, unless stated otherwise. Details are in the Policy.

Initial Care

Covered Benefit	Plan 2	Plan 3
Ambulance		
Ground ambulance	$300	$300
Air ambulance	$1,500	$1,500
Maximum trips per accident, air and ground combined	*1*	*1*
Initial Treatment		
Emergency room/Hospital	$150	$200
Physician's office/Urgent care facility	$150	$200
Walk-in clinic/Telemedicine	$50	$50
Maximum visits per accident, combined for all places of service	*1*	*1*
Maximum visits per plan year, combined for all places of service	*3*	*3*
X-ray/Lab	$50	$75
Medical imaging	$150	$200

Follow-up Care

Covered Benefit	Plan 2	Plan 3
Accident follow-up		
Emergency room/Hospital	$50	$50
Physician's office/Urgent care facility	$50	$50
Walk-in clinic/Telemedicine	$25	$25
Maximum visits per accident, combined for all places of service	*3*	*4*
Maximum visits per plan year, combined for all places of service	*9*	*12*
Appliances		
Major: Back brace, body jacket, knee scooter, wheelchair, motorized scooter or wheelchair	$200	$300
Minor: Brace, cane, crutches, walker, walking boot, other medical devices to aid in your physical movement	$100	$150
Chiropractic treatment and alternative therapy	$25	$35
Maximum visits per accident	*10*	*10*
Maximum visits per plan year	*30*	*30*
Pain management (epidural anesthesia)	$100	$150
Prescription drugs	$10	$10
Prosthetic device/Artificial limb		
One limb	$750	$1,500
Multiple limbs	$1,500	$3,000
Maximum benefit per accident	*1*	*1*
Repair or replace	25%	25%
Maximum benefit per plan year	*1*	*1*
Therapy services - Speech, occupational, or physical therapy or cognitive rehabilitation	$25	$35
Maximum visits per accident	*10*	*10*

Hospital Care

Covered Benefit	Plan 2	Plan 3
Hospital stay – admission (initial day)		
Non-ICU admission	$1,000	$1,500
ICU admission	$2,000	$3,000
Hospital stay – daily*		
Non-ICU daily	$200	$300
ICU daily	$400	$600
Step down intensive care unit daily	$300	$450
Maximum days per accident (combined for all stays due to the same accident)	*365*	*365*
Rehabilitation unit stay – daily	$100	$150
Maximum days per accident	*30*	*30*
Observation unit	$100	$100

*** Important Note:** All Hospital stay – daily benefits begin on day two.

Surgical Care

Covered Benefit	Plan 2	Plan 3
Blood/Plasma/Platelets	$400	$500
Eye Injury		
Surgical repair	$300	$400
Removal of foreign object	$150	$200
Surgery (without repair)		
Arthroscopic or exploratory	$150	$200
Surgery (with repair)		
Cranial, open abdominal or thoracic	$1,500	$2,000
Hernia	$250	$300
Ruptured disc	$750	$1,000
Tendon/Ligament/Rotator cuff		
Single repair	$750	$1,000
Multiple repairs	$1,500	$2,000
Torn knee cartilage	$750	$1,000
Non-Specified		
Inpatient	$250	$300
Outpatient	$250	$300
Maximum benefits per accident, combined for all Surgery (without repair) and Surgery (with repair) benefits	*2*	*2*

Transportation/Lodging Assistance

Covered Benefit	Plan 2	Plan 3
Lodging	$200	$200
Maximum days per accident	*30*	*30*
Transportation	$300	$300

Fractures and Dislocations

Covered Benefit	Plan 2	Plan 3
Dislocations – Closed Reduction*		
Hip	$3,000	$6,000
Knee	$1,500	$3,000
Ankle – bone or bones of the foot (other than toes)	$750	$1,500
Collarbone (sternoclavicular)	$600	$1,200
Lower jaw	$600	$1,200
Shoulder (glenohumeral)	$600	$1,200
Elbow	$600	$1,200
Wrist	$600	$1,200
Bone or bones of the hand (other than fingers)	$600	$1,200
Collarbone (acromioclavicular and separation)	$150	$300
Rib	$150	$300
One toe or one finger	$150	$300
Partial dislocation	25%	25%
Maximum dislocations per accident	*3*	*3*
*Open reduction pays 2.0 times the closed reduction benefit value		
Fractures - Closed Reduction*		
Skull (except bones of the face or nose), depressed	$4,125	$8,250
Skull (except bones of the face or nose), non-depressed	$4,125	$8,250
Hip, thigh (femur)	$1,725	$3,450
Vertebrae, body of (excluding vertebral processes)	$1,125	$2,250
Pelvis (inc. ilium, ischium, pubis, acetabulum except coccyx)	$1,125	$2,250
Leg (tibia and/or fibula malleolus)	$1,125	$2,250
Bones of the face or nose (except mandible or maxilla)	$600	$1,200
Upper jaw, maxilla (except alveolar process)	$600	$1,200
Upper arm between elbow and shoulder (humerus)	$600	$1,200
Lower jaw, mandible (except alveolar process)	$600	$1,200
Collarbone (clavicle, sternum)	$600	$1,200
Shoulder blade (scapula)	$600	$1,200
Vertebral process	$600	$1,200
Forearm (radius and/or ulna)	$450	$900
Kneecap (patella)	$450	$900
Hand/foot (except fingers/toes)	$450	$900
Ankle/wrist	$450	$900
Rib	$225	$450
Coccyx	$225	$450
Finger, toe	$225	$450
Chip fracture	25%	25%
Maximum fractures per accident	*3*	*3*
*Open reduction pays 2.0 times the closed reduction benefit value		

AD&D and Paralysis

Covered Benefit	Plan 2	Plan 3
Accidental death		
Employee	$50,000	$100,000
Covered dependent spouse	$25,000	$50,000
Covered dependent children	$25,000	$50,000
Accidental death common carrier		
Employee	$100,000	$200,000
Covered dependent spouse	$50,000	$100,000
Covered dependent children	$50,000	$100,000
Accidental dismemberment		
Loss of arm	$5,000	$10,000
Loss of hand	$5,000	$10,000
Loss of leg	$5,000	$10,000
Loss of foot	$5,000	$10,000
Loss of sight	$5,000	$10,000
Loss of ability to speak	$10,000	$20,000
Loss of hearing	$5,000	$10,000
Maximum dismemberments per accident (non-finger, toe)	*2*	*2*
Loss of finger	$500	$1,000
Loss of toe	$500	$1,000
Maximum dismemberments per accident (finger, toe)	*4*	*4*
Home and vehicle alteration	$1,000	$1,500
Paralysis (Complete, Total and Permanent Loss)		
Quadriplegia	$10,000	$20,000
Triplegia	$7,500	$15,000
Paraplegia	$5,000	$10,000
Hemiplegia	$5,000	$10,000
Diplegia	$5,000	$10,000
Monoplegia	$2,500	$5,000

Other Accidental Injuries

Covered Benefit	Plan 2	Plan 3
Animal bite treatment		
Tetanus shot	$100	$100
Anti-venom shot	$200	$200
Rabies shot	$300	$300
Brain injury		
Concussion/Mild traumatic brain injury	$150	$200
Moderate/Severe traumatic brain injury	$450	$600
Burn		
Second degree burn, greater than 5% of total body surface	$1,000	$1,500
Third degree burn, less than 5% of total body surface	$1,500	$2,250
Third degree burn, 5-10% of total body surface	$6,000	$9,000
Third degree burn, greater than 10% of total body surface	$18,000	$27,000
Burn skin graft	50% of Burn	50% of Burn
Coma/Persistent vegetative state (PVS)		
Coma (non-induced)	$10,000	$20,000
PVS	$10,000	$20,000
Coma (induced)	$250	$250
Maximum days per accident	*10*	*10*
Dental treatment		
Extractions	$75	$100
Crown	$225	$300
Gunshot wound	$1,500	$2,000
Laceration		
Without stitches	$25	$25
With stitches, less than 7.5 centimeters	$75	$75
With stitches, 7.6 - 20.0 centimeters	$300	$300
With stitches, greater than 20.0 centimeters	$600	$600
Posttraumatic stress disorder (PTSD)	$500	$500
Maximum diagnoses per lifetime	*1*	*1*
Service dog	$1,500	$1,500
Maximum service dogs per your lifetime	*1*	*1*

Waiver of Premium

Covered Benefit	Plan 2	Plan 3
If, as a result of an accidental injury, you miss 30 continuous days of work we will waive the premium beginning on the first premium due date that occurs after the 30th day of your absence, through the next 6 months of coverage. During such absence, you must remain employed with the policyholder. The premium waiver does not apply to your covered dependents.	Included	Included

Organized Sports Rider

Covered Benefit	Plan 2	Plan 3
If while you are playing as a registered member of an organized sporting activity, you sustain an accidental injury, benefits payable under the certificate will be increased by the percentage shown, except for the excluded benefits below:	25%	25%

Excluded benefits for the Organized Sports Rider

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

Monthly Rates - Accident Plan

Commission Percentage	65% / 5%

100% Voluntary

	Accident 2.0 Plan 2			
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	$8.67	$14.86	$17.15	$22.92

100% Voluntary

	Accident 2.0 Plan 3			
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	$13.43	$22.76	$27.04	$35.84

Any changes in benefit level or conditions stated above may result in a change in rates. The quoted rates are anticipated to be valid as of the Effective Date and apply only to the benefit level and conditions stated above and are subject to the terms and conditions set forth in the policy, and related documents for each product as well as applicable law.

This is accident-only insurance. It does not provide coverage for sickness. This is a supplement to health insurance and is not a substitute for major medical coverage or other minimum essential coverage.

Accident Plan Exclusions and Limitations

This plan has exclusions and limitations. Refer to the actual policy and certificate to determine which benefits are not payable. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased.

Benefits under the policy will not be payable for any care, service or supply for an accidental injury related to the following:

1. Certain competitive or recreational activities, including but not limited to: ballooning, bungee jumping, parachuting, skydiving;
2. Any semi-professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment;
3. Act of war, riot, war;
4. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not;
5. Assault, felony, illegal occupation, or other criminal act;
6. Bacterial infections that are not caused by a cut or wound from an accidental injury;
7. Care provided by immediate family members or any household member;
8. Elective or cosmetic surgery;
9. Nutritional supplements;
10. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, or any form of intentional asphyxiation, except when resulting from a diagnosed disorder;
11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
12. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant, including those prescribed by a physician that are misused;

We will not pay any benefits for a service or supply rendered or received that are not specifically covered or not related to an accidental injury.

The stay, visit or service must be on or after the effective date of coverage, while coverage is in force and take place in the United States or its territories.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE. LACK OF MAJOR MEDICAL COVERAGE (OR OTHER MINIMUM ESSENTIAL COVERAGE) MAY RESULT IN AN ADDITIONAL PAYMENT WITH YOUR TAXES.

This plan provides limited benefits. The benefit payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have. This plan does not count as Minimum Essential Coverage under the Affordable Care Act.

Aetna Critical Illness Plan

Plan Description

Aetna's critical Illness plan provides cash benefits to help cover out-of-pocket costs that come with a covered critical Illness such as heart attack, stroke or cancer.

Plan Eligibility

- Employee eligibility as defined by the Client. A minimum of at least 15 hours per week is required
- Eligible dependents include: Legal spouse, domestic partner, children under age 26 and provided they meet the definition of dependent child as defined by the state
- Retirees are not considered actively at work and therefore not eligible for this plan
- Coverage will not terminate due to age

Plan Highlights

- Guaranteed Issue
- Rate Guarantee for 36 months subject to all other terms in this Proposal
- Tobacco/Non-Tobacco rates
- Attained age bands
- 4 Tier Coverage options include: Employee, Employee & Spouse, Employee & Children, and Family
- Pre-ex waived
- HSA compatible
- Benefits paid to the employee
- Simplified Claims Process for Aetna medical members
- Online claims process for employees not enrolled in an Aetna medical plan
- Participation Requirement Waived

Plan Features

- Spouse Face Amount: 50%
- Child(ren) Face Amount: 50%
- Subsequent Critical Illness Diagnosis Benefit: 100% after 30 days
- Recurrence Critical Illness Diagnosis Benefit: 100% after 180 days
- Recurrence Cancer (invasive) Diagnosis Benefit: 100% after 180 days
- Recurrence Carcinoma in Situ Diagnosis Benefit (non-invasive): 100% after 180 days
- No benefit reductions due to age
- Health Screening Benefit
- Waiver of Premium
- Portable

Value Added Programs

Access to Aetna Discount Programs: including blood pressure monitors, weight-loss programs and meal plans, books and magazine subscriptions, gym memberships, health and wellness products, hearing and dental products, eye care and more.

Critical Illness Plan Benefits

Face Amounts

Covered Benefit	Amount
Employee face amount	$10,000 $20,000
Spouse face amount	50% of EE face amount
Spouse benefit amount	50% of EE benefit amount
Child(ren) face amount	50% of EE face amount
Child(ren) benefit amount	50% of EE benefit amount

Plan Features

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Subsequent critical illness diagnosis	100%
*Minimum days between diagnosis of different condition**	*30 days*
Recurrence critical illness diagnosis	100%
Minimum days between diagnosis of same condition	*180 days*
Recurrence cancer (invasive) diagnosis	100%
*Minimum days between diagnosis of cancer (invasive)***	*180 days*
Recurrence carcinoma in situ diagnosis	100%
*Minimum days between diagnosis of carcinoma in situ***	*180 days*

* The separation period is waived if the subsequent diagnosis is in a different benefit category. Benefit category is defined as either cancer or non-cancer benefits.

** In addition to the separation period, the insured person must be treatment free during the separation period. Treatment does not include maintenance drug therapy or routine follow-up visits to a physician to confirm the initial cancer or carcinoma in situ has not returned.

Critical Illness Benefits – Autoimmune

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Lupus	25%
Multiple sclerosis	25%

Critical Illness Benefits - Chronic Condition

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Primary sclerosing cholangitis (PSC)	25%

Critical Illness Benefits - Infectious Disease

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Cholera	25%
Coronavirus	100%
Creutzfeldt-Jakob disease	25%
Diphtheria	25%
Ebola	25%
Encephalitis	25%
Hepatitis - occupational	25%
Human immunodeficiency virus (HIV) - occupational	25%
Legionnaire's disease	25%
Lyme disease	25%
Malaria	25%
Meningitis - amebic, bacterial, fungal, parasitic, viral	25%
Methicillin-resistant staphylococcus aureus (MRSA)	25%
Necrotizing fasciitis	25%
Osteomyelitis	25%
Pneumonia	25%
Poliomyelitis	25%
Rabies	25%
Rocky mountain spotted fever (RMSF)	25%
Septic shock and severe sepsis	25%
Tetanus	25%
Tuberculosis (TB)	25%
Tularemia	25%
Typhoid Fever	25%
Variant influenza virus (swine flu in humans)	25%
Maximum infectious disease diagnosis per plan year	*2*

Note: the following infectious disease benefits require a hospital stay of at least five days: Coronavirus, Creutzfeldt-Jakob disease, Ebola, Pneumonia, Septic shock and severe sepsis, Tularemia, Variant influenza virus (swine flu in humans)

Critical Illness Benefits – Neurological (Brain)

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Amyotrophic lateral sclerosis (ALS)	25%
Alzheimer's disease	25%
Benign brain or spinal cord tumor	100%
Coma (non-induced)	100%
Parkinson's disease	25%
Persistent vegetative state (PVS)	100%
Stroke	100%
Transient ischemic attack (TIA)	25%
Maximum per lifetime	*1*

Critical Illness Benefits – Other

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
End-stage renal or kidney failure	100%
Loss of hearing	100%
Loss of sight (blindness)	100%
Loss of speech	100%
Major organ failure	100%
Muscular Dystrophy	25%
Paralysis	
Quadriplegia	100%
Triplegia	75%
Paraplegia	50%
Hemiplegia	50%
Diplegia	50%
Monoplegia	25%
Third-degree burns	100%

Critical Illness Benefits – Vascular (Heart)

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Coronary artery condition requiring bypass surgery	25%
Heart attack (myocardial infarction)	100%
Sudden cardiac arrest	25%
Maximum per lifetime	*1*

Cancer Benefits

Covered Benefit	Percent of Face Amount / Employee Benefit Amount
Cancer (invasive)	100%
Carcinoma in situ (non-invasive)	25%
Skin cancer	$1,000
Maximum per lifetime	*1*

*For those members who were diagnosed with cancer prior to their effective date of coverage under the Aetna plan and then receive another cancer diagnosis (the first time) while covered under the Aetna plan, we will treat their diagnosis as an 'initial' diagnosis under the Aetna plan.

Health Screening Benefit

Covered Benefit	Benefit Amount
Health screening*	$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 covered as an eligible health screening benefit

Waiver of Premium

Covered Benefit	Benefit Amount
If, as a result of your covered critical illness, cancer (invasive), carcinoma in situ or skin cancer you miss 30 continuous days of work we will waive the premium beginning on the first premium due date that occurs after the 30th day of your absence, through the next 6 months of coverage. During such absence, you must remain employed with the policyholder. The premium waiver does not apply to your covered dependents.	Included

Monthly Rates - Critical Illness Plan

Commission Percentage	65% / 5%

Non-Tobacco Rates

Tobacco Rates

	Non-Tobacco Rates				Tobacco Rates			
	Employee	Employee & Spouse	Employee & Children	Family	Employee	Employee & Spouse	Employee & Children	Family
Face Amount	**$10,000**				**$10,000**			
<25	$3.22	$6.14	$3.22	$6.14	$3.38	$6.39	$3.38	$6.39
25-29	$3.86	$7.11	$3.86	$7.11	$4.22	$7.64	$4.22	$7.64
30-34	$5.03	$8.86	$5.03	$8.86	$5.82	$10.04	$5.82	$10.04
35-39	$6.70	$11.36	$6.70	$11.36	$8.38	$13.89	$8.38	$13.89
40-44	$9.30	$15.26	$9.30	$15.26	$12.81	$20.54	$12.81	$20.54
45-49	$12.16	$19.55	$12.16	$19.55	$18.40	$28.93	$18.40	$28.93
50-54	$17.27	$27.24	$17.27	$27.24	$28.51	$44.15	$28.51	$44.15
55-59	$24.24	$37.71	$24.24	$37.71	$43.28	$66.34	$43.28	$66.34
60-64	$35.47	$54.57	$35.47	$54.57	$67.25	$102.37	$67.25	$102.37
65-69	$49.00	$74.90	$49.00	$74.90	$97.62	$148.02	$97.62	$148.02
70+	$70.46	$107.13	$70.46	$107.13	$133.39	$201.78	$133.39	$201.78
Face Amount	**$20,000**				**$20,000**			
<25	$5.19	$9.56	$5.19	$9.56	$5.52	$10.06	$5.52	$10.06
25-29	$6.44	$11.43	$6.44	$11.43	$7.16	$12.50	$7.16	$12.50
30-34	$8.73	$14.86	$8.73	$14.86	$10.31	$17.23	$10.31	$17.23
35-39	$12.03	$19.80	$12.03	$19.80	$15.39	$24.86	$15.39	$24.86
40-44	$17.18	$27.53	$17.18	$27.53	$24.20	$38.09	$24.20	$38.09
45-49	$22.84	$36.01	$22.84	$36.01	$35.32	$54.78	$35.32	$54.78
50-54	$32.94	$51.22	$32.94	$51.22	$55.43	$85.06	$55.43	$85.06
55-59	$46.73	$71.93	$46.73	$71.93	$84.80	$129.20	$84.80	$129.20
60-64	$68.98	$105.36	$68.98	$105.36	$132.55	$200.95	$132.55	$200.95
65-69	$95.80	$145.63	$95.80	$145.63	$193.05	$291.88	$193.05	$291.88
70+	$138.45	$209.68	$138.45	$209.68	$264.30	$398.98	$264.30	$398.98

Any changes in benefit level or conditions stated above may result in a change in rates. The quoted rates are anticipated to be valid as of the Effective Date and apply only to the benefit level and conditions stated above and are subject to the terms and conditions set forth in the policy, and related documents for each product as well as applicable law.

Critical Illness Plan Coverage Exclusions and Limitations

This plan has exclusions and limitations. Refer to the actual booklet certificate and schedule of benefits to determine which services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased.

Benefits under the policy will not be payable for a diagnosis related to the following:

1. Act of war, riot, war;
2. Assault, felony, illegal occupation, or other criminal act;
3. Care provided by immediate family members or any household member;
4. Suicide or attempt at suicide, intentionally self-inflicted injury, or any attempt at self-inflicted injury, or any form of intentional asphyxiation, except when resulting from a diagnosed disorder;
5. Being under the influence of a stimulant (such as amphetamines), depressant, hallucinogen, narcotic or any other drug intoxicant, including those prescribed by a physician that are misused by the covered person, except when resulting from a diagnosed disorder;

The critical illness date of diagnosis must be on or after the effective date of the certificate and while coverage is in force. The diagnosis must be given or received in the United States or its territories.

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

This plan provides limited benefits. The benefit payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have.

This plan does not count as Minimum Essential Coverage under the Affordable Care Act.

Aetna Hospital Indemnity Plan

Plan Description

Our hospital indemnity plan pays members cash directly when they have a covered inpatient hospital stay.

Plan Eligibility

- Employee eligibility as defined by the Client. A minimum of at least 15 hours per week is required
- Eligible dependents include: Legal spouse, domestic partner, children under age 26 and provided they meet the definition of dependent child as defined by the state
- Retirees are not considered actively at work and therefore not eligible for this plan

Plan Highlights

- Guaranteed Issue every year for employees and their families – even if coverage waived in the past
- Rate Guarantee for 36 months subject to all other terms in this Proposal
- 4 Tier Coverage options include: Employee, Employee & Spouse, Employee & Children, and Family
- HSA compatible
- Cash benefits paid directly to the employee
- Pre-ex waived
- Simplified Claims Process for Aetna medical members
- Online claims process for employees not enrolled in an Aetna medical plan
- Participation Requirement Waived

Plan Features

- Lump-sum payment for first day of inpatient stay, when stay begins during the plan year
- Daily benefit payment beginning on the second day
- Increased per day payment in an intensive care unit (ICU)
- Waiver of Premium
- Portable

Value Added Programs

Access to Aetna Discount Programs: including blood pressure monitors, weight-loss programs and meal plans, books and magazine subscriptions, gym memberships, health and wellness products, hearing and dental products, eye care and more.

Hospital Indemnity Plan Benefits

Covered Benefit for Inpatient Stays	Plan 1	Plan 2
Hospital stay - Admission Provides a lump sum benefit for the initial day of your stay in a hospital. *Maximum 2 stays per plan year; separated by 30 days in a row*	$500	$1,000
Hospital stay - Daily Pays a daily benefit, beginning on day two of your stay in a non-ICU room of a hospital. *Maximum 30 days per plan year*	$50	$100
Hospital stay - (ICU) Daily Pays a daily benefit, beginning on day two of your stay in an ICU room of a hospital. *Maximum 30 days per plan year*	$100	$200
Newborn routine care Provides a lump-sum benefit after the birth of your newborn. This will not pay for an outpatient birth.	$100	$100
Observation unit Provides a lump sum benefit for the initial day of your stay in an observation unit as the result of an illness or accidental injury. *Maximum 1 day per plan year*	$100	$100
Substance abuse stay - Daily Pays a daily benefit for each day you have a stay in a hospital or substance abuse treatment facility for the treatment of substance abuse. *Maximum 30 days per plan year*	$50	$100
Mental disorder stay - Daily Pays a daily benefit for each day you have a stay in a hospital or mental disorder treatment facility for the treatment of mental disorders. *Maximum 30 days per plan year*	$50	$100
Rehabilitation unit stay - Daily Pays a benefit each day of your stay in a rehabilitation unit immediately after your hospital stay due to an illness or accidental injury. *Maximum 30 days per plan year*	$25	$50

Important Note: All daily inpatient stay benefits begin on day two and count toward the plan year maximum.

Waiver of Premium

Covered Benefit	Plan 1	Plan 2
If you are in a hospital for more than 30 days in a row, we will waive the premium beginning on the first premium due date that occurs after the 30th day of your stay, through the next 6 months of coverage. During your stay, you must remain employed with the policyholder.	Included	Included

Monthly Rates - Hospital Indemnity Plan

Commission Percentage	55% / 5%

100% Voluntary

	Hospital Indemnity – Plan 1 (HSA)			
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	$7.87	$17.45	$13.47	$22.24

100% Voluntary

	Hospital Indemnity – Plan 2 (HSA)			
	Employee	Employee & Spouse	Employee & Children	Family
Monthly Rate	$15.38	$34.21	$26.24	$43.41

Any changes in benefit level or conditions stated above may result in a change in rates. The quoted rates are anticipated to be valid as of the Effective Date and apply only to the benefit level and conditions stated above and are subject to the terms and conditions set forth in the policy, and related documents for each product as well as applicable law.

Hospital Indemnity Plan Exclusions and Limitations

This plan has exclusions and limitations. Refer to the actual policy and certificate to determine which benefits are not payable. The following is a partial list of services and supplies that are generally not covered. However, the plan may contain exceptions to this list based on state mandates or the plan design purchased.

Benefits will not be paid for any stay or other service for an illness or accidental injury related to the following:

1. Certain competitive or recreational activities, including but not limited to: ballooning, bungee jumping, parachuting, skydiving;
2. Any semi-professional or professional competitive athletic contest, including officiating or coaching, for which you receive any payment;
3. Act of war, riot, war;
4. Operating, learning to operate or serving as a pilot or crew member of any aircraft, whether motorized or not;
5. Assault, felony, illegal occupation, or other criminal act;
6. Care provided by a spouse, parent, child, sibling or any other household member;
7. Cosmetic services and plastic surgery, with certain exceptions;
8. Custodial Care;
9. Hospice services, except as specifically provided in the Benefits under your plan section of the certificate;
10. Self-harm, suicide, except when resulting from a diagnosed disorder;
11. Violating any cellular device use laws of the state in which the accident occurred, while operating a motor vehicle;
12. Care or services received outside the United States or its territories;
13. Education, training or retraining services or testing;
14. Accidental injury sustained while intoxicated or under the influence of any drug intoxicant;
15. Exams except as specifically provided in the Benefits under your plan section of the certificate;
16. Dental and orthodontic care and treatment;
17. Family planning services;
18. Any care, prescription drugs, and medicines related to infertility;
19. Nutritional supplements, including but not limited to: food items, infant formulas, vitamins;
20. Outpatient cognitive rehabilitation, physical therapy, occupational therapy, or speech therapy for any reason;
21. Vision-related care

THIS IS A SUPPLEMENT TO HEALTH INSURANCE AND IS NOT A SUBSTITUTE FOR MAJOR MEDICAL COVERAGE.

The Aetna Hospital Indemnity Plan is a hospital confinement indemnity plan. This plan provides limited benefits. The benefit payments are not intended to cover the full cost of medical care. You are responsible for making sure the provider's bills get paid. These benefits are paid in addition to any other health coverage you may have. This plan does not count as Minimum Essential Coverage under the Affordable Care Act.

DISABILITY INSURANCE

American Fidelity | www.americanfildelity.com | 1.800.662.1113

Have you ever wondered what would happen to your income if you had an accidental injury, sickness, or pregnancy? That is why you need disability coverage. It replaces a portion of income for the period of time you are unable to work due to those reasons.

You are able to choose the ***benefit amount,*** which is the amount of your income to replace, and the ***"waiting period"*** that you begin receiving payments. ***Please choose carefully. Contact your representative to identify the plan differences and what is not covered or excluded.***

Plan includes:
Income replacement upon any approved disabling illness or injury Elimination periods from 14, 30, 60, 90 and 150 day
Benefits are payable to SSNRA (Social Security Normal Retirement Age) Waiver of premium after 180 consecutive days of approved disability
Individuals whose disability occurs after age 70 are covered for up to 12 months Mental Illness benefit up to 2 years

Plan Highlights:
Physician's Expense benefit
Pre-existing condition benefit
Up to 70% of gross monthly income replacement

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

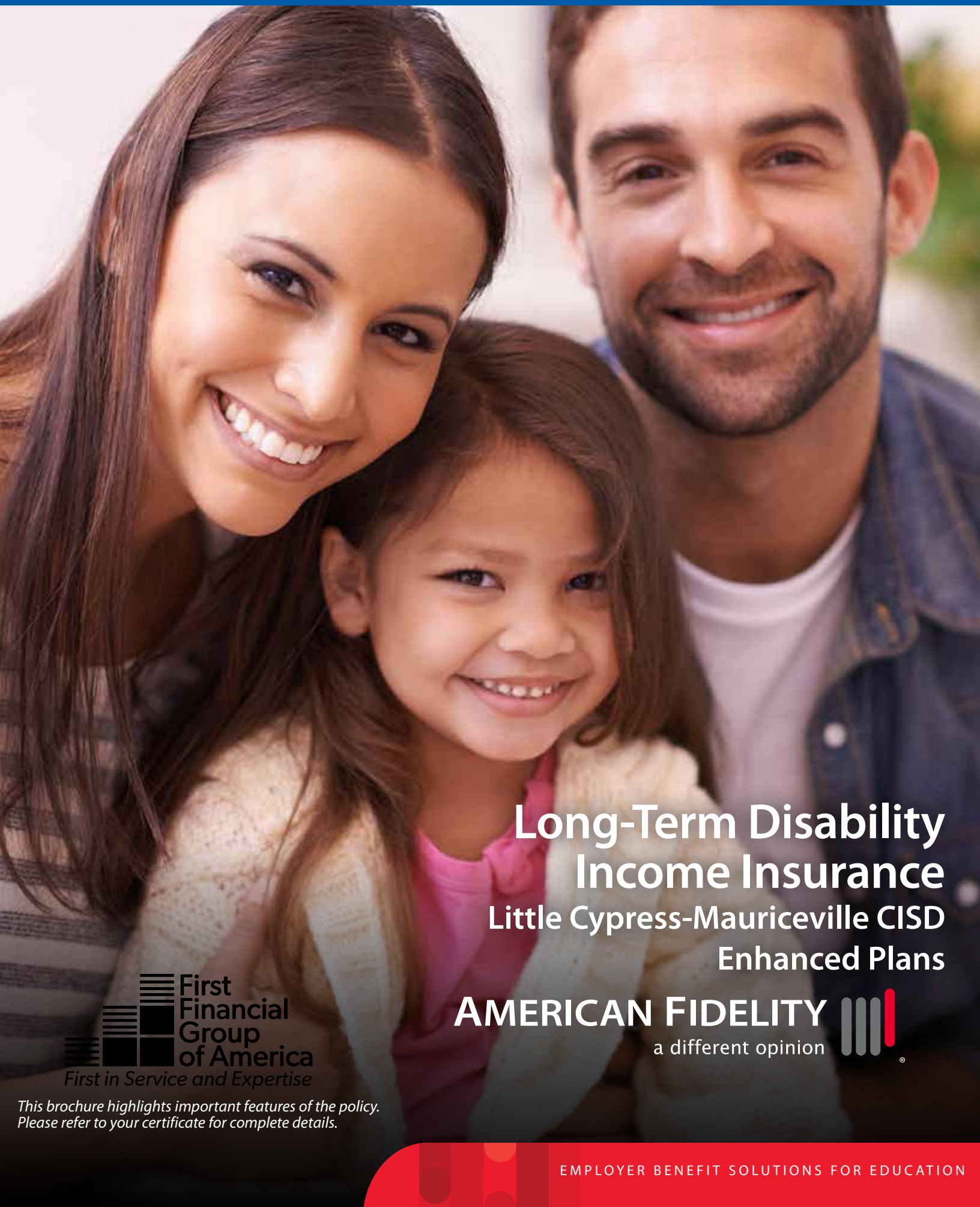
- How much employer leave do you have?
- Do you have savings?
- Do you have other income you can rely on, such as from your spouse or from child support?
- How close are you to retirement?
- Could you go on Social Security Disability or take a Disability Retirement?
- What are your other sources of income?

Pre-existing condition limitation

New or increased disability coverage is subject to a 12 month pre-existing condition exclusion. This means that if disability is caused by or resulting from a pre-existing condition and begins before you have been continuously covered under the Policy for 12 months, no disability benefit will be payable. This includes if you have conceived a child and did not know at the time of enrollment. A condition for which you sought medical advice, consultation, medication, or incurred an expense for can also be considered a pre-existing condition.

Actively at work

If you are not actively at work when coverage is scheduled to become effective, your coverage does not take effect until you complete your first day at work.



Long-Term Disability Income Insurance

Little Cypress-Mauriceville CISD Enhanced Plans

First Financial Group of America
First in Service and Expertise

AMERICAN FIDELITY
a different opinion

This brochure highlights important features of the policy. Please refer to your certificate for complete details.

EMPLOYER BENEFIT SOLUTIONS FOR EDUCATION

Long-Term Disability Income Insurance

Disability income insurance is here for you.

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



Choose the Right Plan for You

Benefits Begin

Plan I - On the 15th day of Disability due to a covered Injury or Sickness.

Plan II - On the 31st day of Disability due to a covered Injury or Sickness.

Plan III - On the 61st day of Disability due to a covered Injury or Sickness.

Plan IV - On the 91st day of Disability due to a covered Injury or Sickness.

Plan V - On the 151st day of Disability due to a covered Injury or Sickness.

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

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

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

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

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



Benefits Are Payable

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

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

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

Policy Provisions and Plan Features

Eligibility

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

When Coverage Begins

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

Physician Expense Benefit

Injury - $150.00 per Injury
Sickness - $50.00

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

Accidental Death Benefit

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

Hospital Confinement Benefit

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

Waiver of Premium

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

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

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

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

Minimum Disability Benefit

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

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

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

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

Return To Work Incentives: Disabled and Working

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

- **Family Care Benefit**
  If you are disabled and working and have one or more eligible family members, you may be eligible for a family care benefit. This benefit is for expenses incurred up to 25% of your monthly disability benefit. Your disability earnings, gross disability benefit, and family care benefit cannot exceed 100% of your monthly compensation. Payment of this benefit ends when you cease to be eligible for benefits under the Disabled and Working provision of the policy.
- **Worksite Accommodation**
  As a part of our claims evaluation process, if worksite modifications may assist your return to work, we will evaluate your claim for appropriate action.

Policy Benefit Limitations and Exclusions



Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

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

Special Conditions Limited Benefit

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

Pre-Existing Condition Limitation

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

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

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

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

Exclusions

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

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

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

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



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

LIMRA: 2015 Disability Insurance Awareness Month; May 2015.

Benefit Policy Schedule

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

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

Benefit Policy Schedule (continued)

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

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

Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

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

Summary of Hospital Indemnity Limited Benefit Rider Benefits:

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

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

Spousal Accident Only Disability Benefit Rider

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

Summary of Accident Only Spousal Benefit Rider Benefits:

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

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

COBRA Funding Rider

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

Summary of COBRA Funding Rider Benefits:

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

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

Survivor Benefit Rider

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

Summary of Survivor Benefit Rider Benefits:

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

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

Critical Illness Benefit Rider

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

Summary of Critical Illness Benefit Rider Benefits:

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

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

Benefit Rider Limitations and Exclusions

Hospital Indemnity Limited Benefit Rider

The Hospital Confinement Benefit will not be payable for an Injury or Sickness incurred in the first 12 months of coverage if the Injury or Sickness is caused by or resulting from a Pre-Existing Condition as defined in the Policy. In addition to the Exclusions listed in the Policy, no benefits will be payable under this Rider for any Hospital Confinement that is caused by or resulting from Mental Illness or Drug or Alcohol Abuse. Benefits are reduced by 50% at age 70. Successive Hospital stays will be considered as one confinement if they are separated by less than 90 days of confinement to a 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 as an extended care facility for the care of convalescent, rehabilitative , or ambulatory patients.

Critical Illness Benefit Rider

The Critical Illness Rider will not be payable for any loss caused by or resulting from: (a) a Critical Illness when the Date of Diagnosis occurs during the Waiting Period; (b) a Critical Illness diagnosed outside of the United States; or (c) a Sickness or Injury not specifically defined in this Rider.

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness Date of Diagnosis occurs before you have been continuously covered under this Rider for 12 consecutive months. Following 12 consecutive months this exclusion does not apply.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advise from a Physician, during the 12-month period immediately before the Effective Date of this Rider. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness. Benefits reduce by 50% at age 70. No benefits will be paid for a Critical Illness when the Date of Diagnosis occurs during the Critical Illness Waiting Period. The waiting period is 30 days from the Effective Date of this Rider.

COBRA Funding Benefit Rider

Proof of election of medical COBRA continuation must be provided to American Fidelity. Proof of continued medical COBRA participation will be required before benefits are paid under this Rider. Your employment must have terminated for the benefit to be payable.

Spousal Accident Only Disability Benefit Rider

This Rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: (a) Intentionally self-inflicted Injury while sane or insane; (b) An act of war, declared or undeclared; (c) Injury sustained or contracted while in the service of the armed forces of any country; (d) Committing a felony; (e) Penal incarceration. American Fidelity will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; (f) Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this Policy for any period during which your Spouse is entitled to Workers' Compensation benefits; (g) Participation in any sport for wage or profit; (h) Participation in any contest of speed in a power driven vehicle for wage or profit.

Spouse means the person you are lawfully married to who is less than age 70. No benefits are payable for your Spouse under this Rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a Physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from spousal abuse.

Survivor Benefit Rider

The Policy does not cover any loss, fatal or non-fatal, which results from: intentionally self-inflicted injury while sane or insane; an act of war, declared or undeclared; Injury sustained or Sickness contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits for Disability or any other loss for any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer; or Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation. No Disability Payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Your coverage with respect to the riders listed above will end on the earliest of these dates: the end of the last period for which premium has been paid; the date you notify us in writing to terminate coverage; the date the rider is discontinued; the date the policy is discontinued; or the date your employment terminates.

Availability of riders may vary by state, employer and short-term coverage with a benefit period of less than 12 months. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed. Riders have limitations, exclusions, and waiting periods. Refer to your policy for complete details. These Riders will terminate on the same date as the Policy or Certificate to which it is attached.

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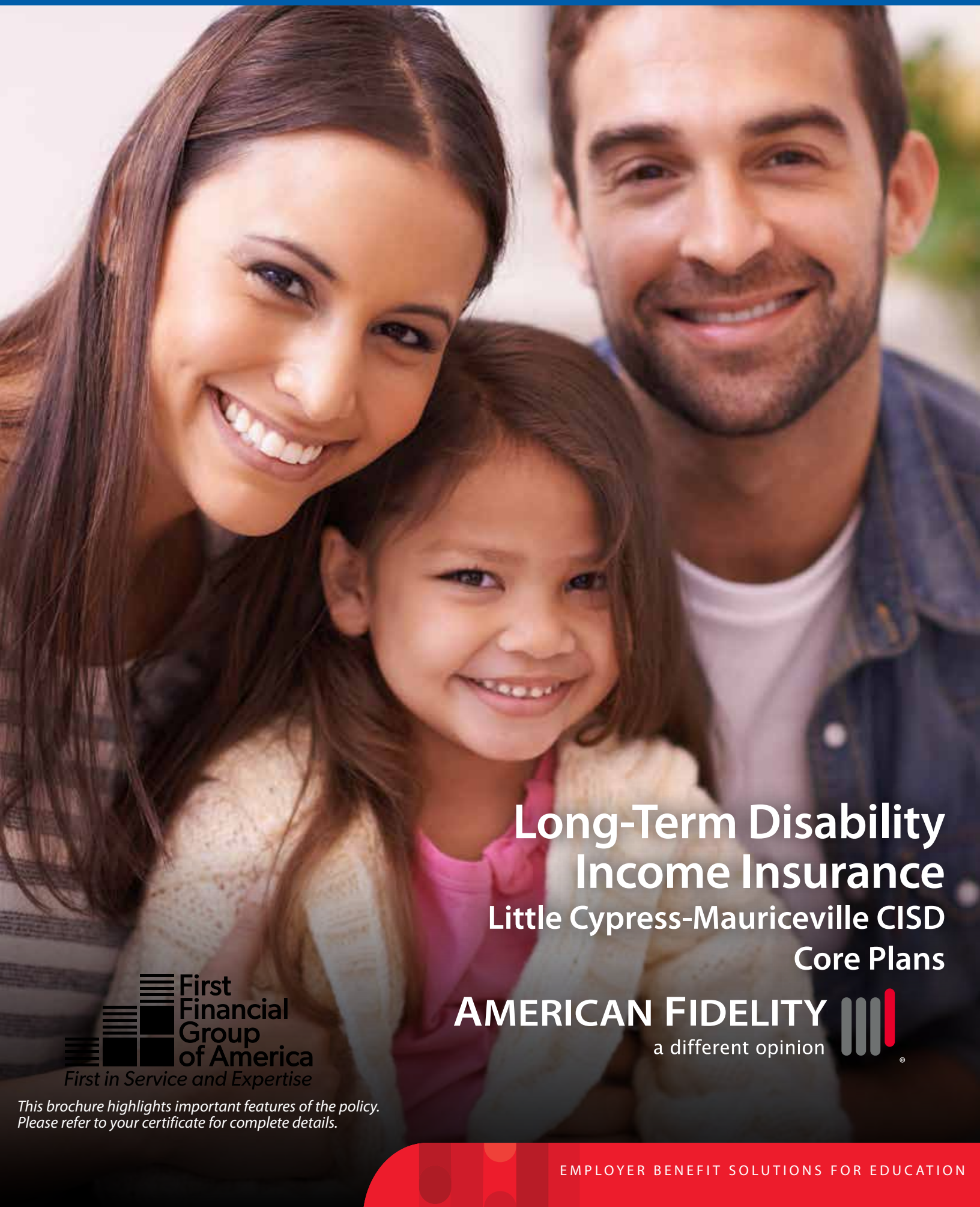
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SB-33116(FF)-0620



Long-Term Disability Income Insurance

Little Cypress-Mauriceville CISD Core Plans

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This brochure highlights important features of the policy. Please refer to your certificate for complete details.

EMPLOYER BENEFIT SOLUTIONS FOR EDUCATION

Long-Term Disability Income Insurance

Disability income insurance is here for you.

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



Choose the Right Plan for You

Benefits Begin

Plan I - On the 15th day of Disability due to a covered Injury or Sickness.

Plan II - On the 31st day of Disability due to a covered Injury or Sickness.

Plan III - On the 61st day of Disability due to a covered Injury or Sickness.

Plan IV - On the 91st day of Disability due to a covered Injury or Sickness.

Plan V - On the 151st day of Disability due to a covered Injury or Sickness.

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

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

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

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

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



Benefits Are Payable

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

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

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

Policy Provisions and Plan Features

Eligibility

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

When Coverage Begins

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

Waiver of Premium

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

Donor Benefit

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

Offsets With Other Sources of Income

Deductible Sources of Income include:

- Other group disability income.
- Governmental or other retirement system, whether due to disability, normal retirement or voluntary election of retirement benefits.
- United States Social Security Act or similar plan or act, including any amounts due your dependent(s) on account of your disability.
- State Disability.
- Unemployment compensation.
- Sick leave or other salary or wage continuance plans provided by the Employer which extend beyond 30 (Plans I and II), 60 (Plan III), 90 (Plan IV), and 150 (Plan V) calendar days from the date of disability.

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

Minimum Disability Benefit

The Minimum Disability Benefit is $100.00.

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

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

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

Return To Work Incentives: Disabled and Working

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

- **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.



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

LIMRA: 2015 Disability Insurance Awareness Month; May 2015.

Policy Benefit Limitations and Exclusions



Mental Illness Limited Benefit

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

Alcoholism and Drug Addiction Limited Benefit

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

Special Conditions Limited Benefit

If you are disabled due to special conditions and under the regular and appropriate care of a physician, benefits will be provided for up to 1 year. 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

No Disability Benefit will be payable if Disability is caused by or resulting from a Pre-Existing Condition and begins before you have been continuously covered under the Policy for 24 months. This provision will not apply if you have: gone treatment-free; incurred no expense; taken no medication; and received no diagnosis or advice from a Physician, for 12 consecutive months for such condition(s).

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

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

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

Exclusions

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

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

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

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

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 60% of your Monthly Compensation.

		Monthly Premiums				
Monthly Salary	Monthly Disability Benefit	Plan I (15th)	Plan II (31st)	Plan III (61st)	Plan IV (91st)	Plan V (151st)
$334.00 - $499.99	$200.00	$5.44	$4.00	$3.40	$2.92	$2.04
$500.00 - $666.99	$300.00	$8.16	$6.00	$5.10	$4.38	$3.06
$667.00 - $833.99	$400.00	$10.88	$8.00	$6.80	$5.84	$4.08
$834.00 - $999.99	$500.00	$13.60	$10.00	$8.50	$7.30	$5.10
$1,000.00 - $1,166.99	$600.00	$16.32	$12.00	$10.20	$8.76	$6.12
$1,167.00 - $1,333.99	$700.00	$19.04	$14.00	$11.90	$10.22	$7.14
$1,334.00 - $1,499.99	$800.00	$21.76	$16.00	$13.60	$11.68	$8.16
$1,500.00 - $1,666.99	$900.00	$24.48	$18.00	$15.30	$13.14	$9.18
$1,667.00 - $1,833.99	$1,000.00	$27.20	$20.00	$17.00	$14.60	$10.20
$1,834.00 - $1,999.99	$1,100.00	$29.92	$22.00	$18.70	$16.06	$11.22
$2,000.00 - $2,166.99	$1,200.00	$32.64	$24.00	$20.40	$17.52	$12.24
$2,167.00 - $2,333.99	$1,300.00	$35.36	$26.00	$22.10	$18.98	$13.26
$2,334.00 - $2,499.99	$1,400.00	$38.08	$28.00	$23.80	$20.44	$14.28
$2,500.00 - $2,666.99	$1,500.00	$40.80	$30.00	$25.50	$21.90	$15.30
$2,667.00 - $2,833.99	$1,600.00	$43.52	$32.00	$27.20	$23.36	$16.32
$2,834.00 - $2,999.99	$1,700.00	$46.24	$34.00	$28.90	$24.82	$17.34
$3,000.00 - $3,166.99	$1,800.00	$48.96	$36.00	$30.60	$26.28	$18.36
$3,167.00 - $3,333.99	$1,900.00	$51.68	$38.00	$32.30	$27.74	$19.38
$3,334.00 - $3,499.99	$2,000.00	$54.40	$40.00	$34.00	$29.20	$20.40
$3,500.00 - $3,666.99	$2,100.00	$57.12	$42.00	$35.70	$30.66	$21.42
$3,667.00 - $3,833.99	$2,200.00	$59.84	$44.00	$37.40	$32.12	$22.44
$3,834.00 - $3,999.99	$2,300.00	$62.56	$46.00	$39.10	$33.58	$23.46
$4,000.00 - $4,166.99	$2,400.00	$65.28	$48.00	$40.80	$35.04	$24.48
$4,167.00 - $4,333.99	$2,500.00	$68.00	$50.00	$42.50	$36.50	$25.50
$4,334.00 - $4,499.99	$2,600.00	$70.72	$52.00	$44.20	$37.96	$26.52
$4,500.00 - $4,666.99	$2,700.00	$73.44	$54.00	$45.90	$39.42	$27.54
$4,667.00 - $4,833.99	$2,800.00	$76.16	$56.00	$47.60	$40.88	$28.56
$4,834.00 - $4,999.99	$2,900.00	$78.88	$58.00	$49.30	$42.34	$29.58
$5,000.00 - $5,166.99	$3,000.00	$81.60	$60.00	$51.00	$43.80	$30.60
$5,167.00 - $5,333.99	$3,100.00	$84.32	$62.00	$52.70	$45.26	$31.62
$5,334.00 - $5,499.99	$3,200.00	$87.04	$64.00	$54.40	$46.72	$32.64
$5,500.00 - $5,666.99	$3,300.00	$89.76	$66.00	$56.10	$48.18	$33.66
$5,667.00 - $5,833.99	$3,400.00	$92.48	$68.00	$57.80	$49.64	$34.68
$5,834.00 - $5,999.99	$3,500.00	$95.20	$70.00	$59.50	$51.10	$35.70
$6,000.00 - $6,166.99	$3,600.00	$97.92	$72.00	$61.20	$52.56	$36.72
$6,167.00 - $6,333.99	$3,700.00	$100.64	$74.00	$62.90	$54.02	$37.74
$6,334.00 - $6,499.99	$3,800.00	$103.36	$76.00	$64.60	$55.48	$38.76

Benefit Policy Schedule (continued)

Several benefit options are available to you. You may participate in the Plan under any one of the benefit levels outlined below, provided the Monthly Disability Benefit level selected does not exceed 60% of your Monthly Compensation.

		Monthly Premiums				
Monthly Salary	**Monthly Disability Benefit**	**Plan I (15th)**	**Plan II (31st)**	**Plan III (61st)**	**Plan IV (91st)**	**Plan V (151st)**
$6,500.00 - $6,666.99	$3,900.00	$106.08	$78.00	$66.30	$56.94	$39.78
$6,667.00 - $6,833.99	$4,000.00	$108.80	$80.00	$68.00	$58.40	$40.80
$6,834.00 - $6,999.99	$4,100.00	$111.52	$82.00	$69.70	$59.86	$41.82
$7,000.00 - $7,166.99	$4,200.00	$114.24	$84.00	$71.40	$61.32	$42.84
$7,167.00 - $7,333.99	$4,300.00	$116.96	$86.00	$73.10	$62.78	$43.86
$7,334.00 - $7,499.99	$4,400.00	$119.68	$88.00	$74.80	$64.24	$44.88
$7,500.00 - $7,666.99	$4,500.00	$122.40	$90.00	$76.50	$65.70	$45.90
$7,667.00 - $7,833.99	$4,600.00	$125.12	$92.00	$78.20	$67.16	$46.92
$7,834.00 - $7,999.99	$4,700.00	$127.84	$94.00	$79.90	$68.62	$47.94
$8,000.00 - $8,166.99	$4,800.00	$130.56	$96.00	$81.60	$70.08	$48.96
$8,167.00 - $8,333.99	$4,900.00	$133.28	$98.00	$83.30	$71.54	$49.98
$8,334.00 - $8,499.99	$5,000.00	$136.00	$100.00	$85.00	$73.00	$51.00
$8,500.00 - $8,666.99	$5,100.00	$138.72	$102.00	$86.70	$74.46	$52.02
$8,667.00 - $8,833.99	$5,200.00	$141.44	$104.00	$88.40	$75.92	$53.04
$8,834.00 - $8,999.99	$5,300.00	$144.16	$106.00	$90.10	$77.38	$54.06
$9,000.00 - $9,166.99	$5,400.00	$146.88	$108.00	$91.80	$78.84	$55.08
$9,167.00 - $9,333.99	$5,500.00	$149.60	$110.00	$93.50	$80.30	$56.10
$9,334.00 - $9,499.99	$5,600.00	$152.32	$112.00	$95.20	$81.76	$57.12
$9,500.00 - $9,666.99	$5,700.00	$155.04	$114.00	$96.90	$83.22	$58.14
$9,667.00 - $9,833.99	$5,800.00	$157.76	$116.00	$98.60	$84.68	$59.16
$9,834.00 - $9,999.99	$5,900.00	$160.48	$118.00	$100.30	$86.14	$60.18
$10,000.00 - $10,166.99	$6,000.00	$163.20	$120.00	$102.00	$87.60	$61.20
$10,167.00 - $10,332.99	$6,100.00	$165.92	$122.00	$103.70	$89.06	$62.22
$10,333.00 - $10,499.99	$6,200.00	$168.64	$124.00	$105.40	$90.52	$63.24
$10,500.00 - $10,666.99	$6,300.00	$171.36	$126.00	$107.10	$91.98	$64.26
$10,667.00 - $10,832.99	$6,400.00	$174.08	$128.00	$108.80	$93.44	$65.28
$10,833.00 - $10,999.99	$6,500.00	$176.80	$130.00	$110.50	$94.90	$66.30
$11,000.00 - $11,166.99	$6,600.00	$179.52	$132.00	$112.20	$96.36	$67.32
$11,167.00 - $11,332.99	$6,700.00	$182.24	$134.00	$113.90	$97.82	$68.34
$11,333.00 - $11,499.99	$6,800.00	$184.96	$136.00	$115.60	$99.28	$69.36
$11,500.00 - $11,666.99	$6,900.00	$187.68	$138.00	$117.30	$100.74	$70.38
$11,667.00 - $11,832.99	$7,000.00	$190.40	$140.00	$119.00	$102.20	$71.40
$11,833.00 - $11,999.99	$7,100.00	$193.12	$142.00	$120.70	$103.66	$72.42
$12,000.00 - $12,166.99	$7,200.00	$195.84	$144.00	$122.40	$105.12	$73.44
$12,167.00 - $12,332.99	$7,300.00	$198.56	$146.00	$124.10	$106.58	$74.46
$12,333.00 - $12,499.99	$7,400.00	$201.28	$148.00	$125.80	$108.04	$75.48
$12,500.00 - And Over	$7,500.00	$204.00	$150.00	$127.50	$109.50	$76.50

Benefit Riders and Limitations

Hospital Indemnity Limited Benefit Rider

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

Summary of Hospital Indemnity Limited Benefit Rider Benefits:

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

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

Spousal Accident Only Disability Benefit Rider

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

Summary of Accident Only Spousal Benefit Rider Benefits:

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

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

COBRA Funding Rider

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

Summary of COBRA Funding Rider Benefits:

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

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

Survivor Benefit Rider

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

Summary of Survivor Benefit Rider Benefits:

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

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

Critical Illness Benefit Rider

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

Summary of Critical Illness Benefit Rider Benefits:

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

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

Benefit Rider Limitations and Exclusions

Hospital Indemnity Limited Benefit Rider

The Hospital Confinement Benefit will not be payable for an Injury or Sickness incurred in the first 12 months of coverage if the Injury or Sickness is caused by or resulting from a Pre-Existing Condition as defined in the Policy. In addition to the Exclusions listed in the Policy, no benefits will be payable under this Rider for any Hospital Confinement that is caused by or resulting from Mental Illness or Drug or Alcohol Abuse. Benefits are reduced by 50% at age 70. Successive Hospital stays will be considered as one confinement if they are separated by less than 90 days of confinement to a 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 as an extended care facility for the care of convalescent, rehabilitative , or ambulatory patients.

Critical Illness Benefit Rider

The Critical Illness Rider will not be payable for any loss caused by or resulting from: (a) a Critical Illness when the Date of Diagnosis occurs during the Waiting Period; (b) a Critical Illness diagnosed outside of the United States; or (c) a Sickness or Injury not specifically defined in this Rider.

No Critical Illness Benefit will be payable for a Critical Illness which is caused by or resulting from a Pre-Existing Condition when the Critical Illness Date of Diagnosis occurs before you have been continuously covered under this Rider for 12 consecutive months. Following 12 consecutive months this exclusion does not apply.

Pre-Existing Condition means a disease, Injury, Sickness, physical condition or mental illness for which you have experienced any of the following: (a) treatment; (b) incurred expense; (c) took medication; (d) received care or services including diagnostic testing or related measures; or (e) received a diagnosis or advise from a Physician, during the 12-month period immediately before the Effective Date of this Rider. The term Pre-Existing Condition will also include conditions which are related to such disease, Injury, Sickness, physical condition or mental illness. Benefits reduce by 50% at age 70. No benefits will be paid for a Critical Illness when the Date of Diagnosis occurs during the Critical Illness Waiting Period. The waiting period is 30 days from the Effective Date of this Rider.

COBRA Funding Benefit Rider

Proof of election of medical COBRA continuation must be provided to American Fidelity. Proof of continued medical COBRA participation will be required before benefits are paid under this Rider. Your employment must have terminated for the benefit to be payable.

Spousal Accident Only Disability Benefit Rider

This Rider does not provide benefits for your Spouse for any Disability, fatal or non-fatal, which results from any of the following: (a) Intentionally self-inflicted Injury while sane or insane; (b) An act of war, declared or undeclared; (c) Injury sustained or contracted while in the service of the armed forces of any country; (d) Committing a felony; (e) Penal incarceration. American Fidelity will not pay benefits during any period for which your Spouse is incarcerated in a penal or correctional institution or for any Injury that occurs while your Spouse is incarcerated in a penal or correctional institution; (f) Injury arising out of and in the course of any occupation for wage or profit or for which your Spouse is entitled to Workers' Compensation. The term "entitled to Workers' Compensation" shall also include Workers' Compensation claim settlements which occur via compromise and release. Further, no benefits will be paid under this Policy for any period during which your Spouse is entitled to Workers' Compensation benefits; (g) Participation in any sport for wage or profit; (h) Participation in any contest of speed in a power driven vehicle for wage or profit.

Spouse means the person you are lawfully married to who is less than age 70. No benefits are payable for your Spouse under this Rider for a Disability from an Injury that occurred outside of the United States or its territories. No benefit will be provided for any period in which your Spouse is not under the regular and appropriate care of a Physician. No benefits will be paid for any Injury to your Spouse which is caused by or resulting from spousal abuse.

Survivor Benefit Rider

The Policy does not cover any loss, fatal or non-fatal, which results from: intentionally self-inflicted injury while sane or insane; an act of war, declared or undeclared; Injury sustained or Sickness contracted while in the service of the armed forces of any country; committing a felony; penal incarceration. American Fidelity will not pay benefits for Disability or any other loss for any period for which you are incarcerated in a penal or correctional institution for a period of 30 consecutive days or longer; or Injury or Sickness arising out of and in the course of any occupation for wage or profit or for which you are entitled to Workers' Compensation. No Disability Payment will be provided for any period in which you are not under the regular and appropriate care of a physician.

Your coverage with respect to the riders listed above will end on the earliest of these dates: the end of the last period for which premium has been paid; the date you notify us in writing to terminate coverage; the date the rider is discontinued; the date the policy is discontinued; or the date your employment terminates.

Availability of riders may vary by state, employer and short-term coverage with a benefit period of less than 12 months. Additional riders are subject to our general underwriting guidelines and coverage is not guaranteed. Riders have limitations, exclusions, and waiting periods. Refer to your policy for complete details. These Riders will terminate on the same date as the Policy or Certificate to which it is attached.

View and print your policies plus file a claim at americanfidelity.com

American Fidelity's Online Service Center provides you convenient, secure 24/7 access to manage your account or file a claim.

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G120-356 MCH#9962 017809-1, 017810-2, 017811-3, 017812-4, 017844-5, 014709-R1, 014710-R1, 014708-R1, 014002-R1, 014707-R1

SB-33117(FF)-0620

CANCER INSURANCE

American Fidelity | www.americanfidelity.com | 1.800.654.8489

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

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

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

CANCER INSURANCE		
MONTHLY PREMIUM	BASIC	ENHANCED
EMPLOYEE	$15.80	$31.62
EMPLOYEE + FAMILY	$26.86	$53.80

12-month pre-existing condition:

The plan doesn't cover pre-existing conditions. A pre-existing condition is any sickness or loss for which medical advice or treatment was received or recommended within 12 months prior to the effective date of coverage.

Actively at work:

If you are not actively at work when coverage is scheduled to become effective, your coverage does not take effect until you complete your first day at work.



AF™ Group Cancer Insurance

AMERICAN FIDELITY
a different opinion

EMPLOYER BENEFIT SOLUTIONS
FOR YOUR INDUSTRY

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 the arrival of these advances also comes the continuing rise in the cost of cancer treatment.

AF™ **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 4,626 per day.

American Cancer Society: Cancer Facts and Figures 2017, pg. 4.

Plan Highlights

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

Cancer Insurance Benefits

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

Example cancer insurance benefits include:

Diagnostic and Prevention

Annual benefit to help pay for covered diagnostic testing or screening. This benefit also qualifies for our AFQuickClaims®.

Travel Expenses

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

Choose Your Coverage

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

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

Unless otherwise indicated, benefits are for a specified indemnity amount listed in the above schedule and are subject to applicable maximums. Refer to Plan Benefit Highlights for more complete Benefit Descriptions and limits on the Cancer Insurance Plan.

Monthly Premium

	BASIC	ENHANCED PLUS
Individual	$15.80	$31.62
Family	$26.86	$53.80

The premium and amount of benefits provided vary depending upon the plan selected.

Plan Benefit Highlights

Only loss for cancer Unless otherwise indicated, benefits are payable only for loss pays 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 or Hospital Intensive Care Unit Benefit; or Heart Attack or Stroke Diagnosis Benefit, if included.

Cancer Means a disease which 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 having 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 from 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 charges 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 actually 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 only 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 of 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 when performed at the request of 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 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 prothesis 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.

Hospital Confinement Benefit Pays when the Covered Person requires Hospital confinement for at least 18 continuous hours. 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 a Hospital confinement.

Home Health Care Benefit Pays a daily benefit for physician authorized private nursing care that begins within 14 days of a 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) of at least 8 consecutive hours during a 24 hour period.

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-Sach's 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 treatment of Cancer. It does not include associated administrative processes or 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 for the Covered Person.

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

Waiver of Premium Premium 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.

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.

Internal Cancer Diagnosis Benefit Payable if a physician diagnoses the Covered Person with Internal Cancer after coverage is in force 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 coverage is in force for that person. This benefit is payable only for the first to occur of either the Heart Attack or Stroke.

Pre-existing condition Means a Specified Disease for which the Covered Person: (a) had treatment; or (b) received advice from a Physician, during the 12-month period immediately before the Covered Person's Effective Date of coverage.

Pre-existing condition limitation No benefit will be payable for any loss which is caused by or resulting from a Pre-Existing Condition which 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 2 years of coverage for confinement caused by any heart condition that was diagnosed or treated prior to 30 days following the Effective Date of coverage. (The heart condition causing confinement need not be the same condition diagnosed or treated prior to 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) war or acts of war, declared or undeclared, while serving in the military or an auxiliary unit thereto;
(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 be continued for up to 1 year during a leave of absence approved in writing by your employer. Coverage will continue as long as the group policy remains in force, the premiums are paid and you remain eligible for the coverage under the policy. Your coverage will end when you no longer qualify as an insured, you retire, you are not on active employment, 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 or premiums may be increased on any premium due date with 60 days advance written notice.

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First Financial Group of America
First in Service and Expertise

American Fidelity Assurance Company
9000 Cameron Parkway, Oklahoma City, Oklahoma 73114
800-662-1113 • **americanfidelity.com**

This product may contain limitations, exclusions, and waiting periods. This brochure highlights important features of the policy. Please refer to your certificate for complete details. If you reside in a state other than your employers state domicile, where required by law, policy provisions and benefits may vary. ***This product is inappropriate for people who are eligible for Medicaid coverage.***

CRITICAL ILLNESS INSURANCE

American Fidelity | www.americanfidelity.com | 1.800.654.8489

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 ffbenefits.ffga.com/hemphillisd and view policy for more details.

Highlights include:

- Guaranteed issue for entire family – no medical history required
- Wellness benefit pays you $100 (High Plan) for annual health screening test
- Covers Heart Attack, Stroke, Major Organ Transplant, Alzheimer's, Cancer, Kidney Failure, Skin Cancer (partial benefit), Coronary Artery by-pass, and many other partial benefit conditions.

CRITICAL ILLNESS MONTHLY PREMIUMS						
	$10,000		$20,00		$30,000	
	NON-TABACCO	TABACOO	NON-TABACCO	TABACCO	NON-TABACCO	TABACCO
18-29	$3.58	$5.68	$5.82	$10.00	$8.04	$14.32
30-39	$5.64	$8.92	$9.92	$16.48	$14.20	$24.04
40-49	$10.24	$16.18	$19.14	$31.02	$28.02	$45.84
50-59	$16.86	$26.70	$32.38	$52.04	$47.90	$77.38
60+	$27.60	$43.72	$53.84	$86.10	$80.08	$128.46

Rates are based on the subscribers current age but will increase as you move into a higher age band.

12-month pre-existing condition

The plan doesn't cover pre-existing conditions. A pre-existing condition is any sickness or loss for which medical advice or treatment was received or recommended within 12 months prior to the effective date of coverage.

Actively at work

If you are not actively at work when coverage is scheduled to become effective, your coverage does not take effect until you complete your first day at work.

ACCIDENT INSURANCE

Aetna | www.aetna.com| 1.800.607.3366

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

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

ACCIDENT INSURANCE		
MONTHLY PREMIUM	PLAN 1	PLAN 2
EMPLOYEE	$8.67	$13.43
EMPLOYEE + SPOUSE	$14.86	$22.76
EMPLOYEE + CHILD(REN)	$17.15	$27.04
EMPLOYEE + FAMILY	$22.92	$35.84

IDENTITY THEFT PROTECTION

iLock360 | www.ilock360.com| 1.855.287.8888

Protect yourself and your family from the fastest growing crime in the US: Identity Theft. A low monthly cost provides protection by scouring the dark web for any compromised accounts and restores your identity with 24/7/365 support. This protection saves you money and time by relying on a service to handle all the details involved when your identity is stolen. Available to employee and family.

Highlights include:

- All employees eligible for Identity Theft Protection coverage
- Monitors your identity 24/7/365
- Personal email address required to sign up for this program
- Premium plan monitors all 3 credit bureaus

IDENTITY THEFT		
MONTHLY PREMIUMS	PLUS	PREMIUM
Employee Only	$8.00	$15.00
Employee + Spouse	$15.00	$22.00
Employee + Child(ren)	$13.00	$20.00
Employee + Family	$20.00	$27.00

iLOCK360

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

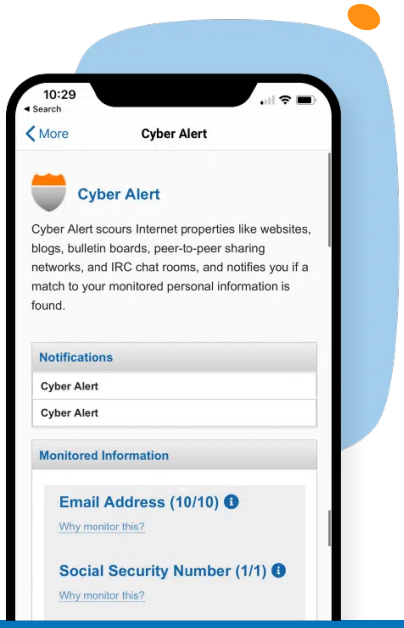


39 seconds is how often cyber-attacks to occur

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

17% increase in data breaches 2020 to 2021

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.



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

Sign up during enrollment

For educator pricing

Coverage plan	Plus	Premium
Employee	$8	$15
Employee + Spouse	$15	$22
Employee + Children	$13	$20
Employee + Family	$20	$27

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.

iLOCK360

Learn more about the protections that iLOCK360 offers:

Plan features	Service description	Plus	Premium
Identity theft resolution services			
Full-Service Identity Theft Restoration & Lost Wallet Protection MOST VALUABLE SERVICE. Dependable help that's just a phone call away!	If your identity is compromised, a U.S.-based certified Identity Theft Restoration Specialist will work with you and on your behalf to restore your good name, so that you can get on with your life. All restoration activities can be completed for you, and your case will be managed until your identity is fully restored. Even pre-existing conditions can be dealt with. Restoration Specialists offer robust case knowledge in both credit and non-credit fraud situations and can help you with closing accounts, re-ordering cards, placing a fraud alert with each of the three credit bureaus, and removing fraudulent activity from your credit report.	✔ ✔	✔ ✔
$1M Identity Theft Insurance	If you incur expenses associated with your identity theft recovery, you will be covered up to $1M reimbursement ($0 deductible). Covered costs include: • Lost wages or income • Attorney and legal fees • Expenses incurred for refiling of loans, grants and other lines of credit • Costs of childcare and/or elderly care incurred as a result of identity restoration	✔	✔
Comprehensive identity monitoring			
CyberAlert™ monitors: • one Social Security Number • two Phone Numbers • two Email Addresses • five Credit/Debit Cards • two Medical ID Numbers • five Bank Accounts • one Drivers License Number • one Passport	We scour Internet properties, including the Dark Web, as well as hacker websites, blogs, bulletin boards, peer-to-peer sharing networks and chat rooms to identify the illegal trading and selling of your personal information.	✔ ✔	✔ ✔
Change of Address Monitoring	A thief may try to establish "your" new identity by changing your address. Receive an alert if your mail is redirected through the USPS National Change of Address (NCOA) Registry.	✔	✔
Court/Criminal Records Monitoring	Tracks municipal court systems and notifies you if a crime has been committed under your name and date of birth.	✔	✔
Sex Offender Alerts	Keep your family safe with awareness of where registered sex offenders live in your immediate area. You'll also be notified when a new one moves to your area. As well as notifying you if someone registers as a sex offender in your name.	✔	✔
Payday Loan Monitoring	Often times, these types of loans don't show up on your credit report until they have gone through collections which will be damaging to your credit report. High-interest, easy-to-obtain payday loans can negatively impact your credit score. We alert you if a non-credit loan been opened using your identity at a payday or quick cash loan provider.	✔	✔
Social Security Number Trace	Provides you with a report of all names and/or aliases as well as current and reported addresses associated with your Social Security number. If there are findings that you don't recognize, this could be a sign of possible identity theft.	✔ ✔	✔ ✔
Credit monitoring services			
Daily Monitoring of Experian Credit Bureau	Provides credit protection with monitoring from Experian. Provides you with notifications for changes in a credit report such as loan data, inquiries, new accounts, judgments, liens and more.	✔	✔
Daily Monitoring of Three Credit Bureaus	Provides higher-level credit protection with monitoring from all three credit bureaus: Experian, Equifax & TransUnion. Receive notifications for changes in your credit report such as loan data, inquiries, new accounts, judgments, liens and more.		✔
VantageScoreTracker	Receive a monthly report that helps you understand how your credit score has trended over time and what is impacting it with credit score insight.		✔

✔ adults ✔ Children to age 18 ✔ adults ✔ Children to age 18

LEGAL PROTECTION

MetLaw | www.legalplans.com | 1.800.821.6400

Pre-paid legal provides access to a variety of legal services for you and your family at an affordable cost. Call an 800 number to access legal counsel and advice from qualified lawyers.

Highlights include:

- Family Law, Estate Law, Civil Lawsuits, Vehicle Law, Real Estate Law, Money Matters and Elder Care issues
- Benefits of the preparation of Living Trusts, Living Wills, Powers of Attorney and Will
- Preparation/ Review of Affidavits, Deeds, Demand Letters, Document Reviews, Mortgages and Promissory Notes
- Adoption and Legitimization, Guardianship, Name Change, Prenuptial Agreement, protection from Domestic Violence, Juvenile Court of Defense, Debt Collection defense and Tax Audit Representation
- Letter preparation, a checklist and an online library of all necessary recovery forms and documents to resolve and restore your name are also available

LEGAL PLANS		
MONTHLY PREMIUM	LOW PLAN	HIGH PLAN
EMPLOYEE + FAMILY	$10.37	$21.00

Legal Plans

Provides access to legal expertise
for both expected and unexpected events.

Legal experts on your side, whenever you need them

Flexible plans for varied needs.

Our high-low plan enables you to choose the right plan to suit your needs and your budget. For **$21.00 per month for our high plan**, or for **$10.37 per month for our low plan**, 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. 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.[1] And, for non-covered matters that are not otherwise excluded, this benefit, available through the high plan only, provides four hours of network attorney time and services per year.[2]

	High Plan		Low Plan
Money Matters	• Debt Collection Defense • Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Tax Collection Defense	• Identity Management Services[3] • Personal Bankruptcy • Tax Audit Representation • Triple Bureau Credit Monitoring[3]	• Debt Collection Defense • Identity Theft Defense • Negotiations with Creditors • Promissory Notes • Tax Collection Defense
Home & Real Estate	• Deeds • Eviction Defense • Foreclosure • Mortgages • Security Deposit Assistance • Tenant Negotiations	• Boundary & Title Disputes • Property Tax Assessments • Refinancing & Home Equity Loans • Sale or Purchase of Home • Zoning Applications	• Deeds • Eviction Defense • Foreclosure • Mortgages • Security Deposit Assistance • Tenant Negotiations
Estate Planning	• Codicils • Complex Wills • Healthcare Proxies • Living Wills • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) • Simple Wills	• Revocable & Irrevocable Trusts	• Codicils • Complex Wills • Healthcare Proxies • Living Wills • Powers of Attorney (Healthcare, Financial, Childcare, Immigration) • Simple Wills
Family & Personal	• Affidavits • Conservatorship • Demand Letters • Garnishment Defense • Guardianship • Name Change • Personal Properties Protection • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings	• Adoption • Immigration Assistance • Juvenile Court Defense, Including Criminal Matters • Parental Responsibility Matters • Prenuptial Agreement	• Affidavits • Conservatorship • Demand Letters • Garnishment Defense • Guardianship • Name Change • Personal Property Protection • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	• Administrative Hearings • Disputes Over Consumer Goods & Services • Incompetency Defense	• Civil Litigation Defense • Pet Liabilities • Small Claims Assistance	• Administrative Hearings • Disputes Over Consumer Goods & Services • Incompetency Defense • Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for Issues Related to Your Parents: • Deeds • Leases • Medicaid • Medicare	• Notes • Nursing Home Agreements • Powers of Attorney • Prescription Plans • Wills	• Same as High Plan
Vehicle & Driving	• Defense of Traffic Tickets[4] • Driving Privileges Restoration	• License Suspension Due to DUI • Repossession	• Same as High Plan

Estate planning at your fingertips

Our newly redesigned website provides you with the ability to create wills, living wills and powers of attorneys online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly.

1. You will be responsible to pay the difference, if any, between the plan's payment and the out-of-network attorney's charge for services.
2. 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.
3. These benefits provide the Participant with access to LifeStages Identity Management Services and FraudScout Triple Bureau Credit Monitoring Services provided by CyberScout, LLC. CyberScout is not a corporate affiliate of MetLife Legal Plans.
4. Does not cover DUI.

Group legal plans provided by MetLife Legal Plans, Inc., Cleveland, Ohio. In certain states, group legal plans are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, RI. No service, including consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the employer, MetLife, its affiliates, or plan attorneys; 3) matters in which there is a conflict of interest between the employee and spouse/civil union partner or dependents, in which case services are excluded for the spouse/civil union partner 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. 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. MetLife® is a registered trademark of Metropolitan Life Insurance Company, New York, NY.

MetLife

MetLife Legal Plans, Inc. | 1111 Superior Avenue, Suite 800 | Cleveland, OH 44114

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MEDICAL TRANSPORT

Masa MTS | www.masamts.com | 1.800.643.9023

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.

MEDICAL TRANSPORT		
MONTHLY PREMIUM	EMERGENT PLUS	PLATINUM
EMPLOYEE	$14.00	$39.00
EMPLOYEE + FAMILY	$14.00	$39.00

EMERGENCY TRANSPORTATION COSTS

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

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

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

HOW MASA IS DIFFERENT

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

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

Members are covered ANYWHERE in all 50 states and Canada!

Worldwide coverage is also available with our Platinum Membership.

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

MASA Medical Transport Solutions™

Any Ground. Any Air. Anywhere.™

OUR BENEFITS

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

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

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



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

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

EVERY FAMILY DESERVES A MASA MEMBERSHIP

ART

Active to Retirement Transitioning

HELPING YOU HAVE A SMOOTH AND EASY TRANSITION



CONGRATULATIONS!

After years of hard work, you are finally able to retire. While this is an exciting time to start the next chapter of your life, it also can be overwhelming to know which steps to take first.

First Financial Group of America is here to assist you so that you can smoothly adjust to your new lifestyle. Schedule time to talk with us to discuss the following questions.

Retirement Planning

- How do I find out how much income can I expect from TRS?
- What happens to my 403(b) or 457(b) plans?
- What about Social Security Income?

Health Insurance

- What happens to my Health Insurance?
- Should I stay in TRS Care or transition to Medicare?
- How does Medicare work?
- What is the difference between the Medicare Advantage Plan and a Medicare supplement (Medigap) plan?
- Are there deadlines?
- Do I pay for it? If so, what is the cost and how are premiums deducted?

Supplemental Benefits

If you have supplemental plans like life insurance, dental, vision, cancer insurance, disability insurance, long term care/assisted living, we can explain the effect retirement may have on them.

- What plans can I keep?
- How do I pay for them?
- Will the premiums change?

Planning for your future is important, and you don't have to do it alone!
Let the experts at First Financial assist you through this process. Contact us today!

First Financial Group of America

Robert Dawson, Medicare Coordinator
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robert.dawson@ffga.com | www.ffga.com

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CONTACTS			
BENEFIT	CARRIER	WEBSITE	PHONE
Medical	BCBSTX	www.bcbstx.com/trsactivecare	866-355-5999
Prescription Benefits	CVS Caremark	https://info.caremark.com/trsactivecare	866-355-5999
Prescription Discount	CleverRX	Cleverrx.com/ffga	800-873-1195
Dental	Cigna	www.cigna.com	800-997-1654
Vision	Cigna	www.cigna.com	800-997-1654
FSA/DCA/HSA	FFGA	www.ffga.com	866-853-3539
Group Life Insurance	BCBSTX	www.bcbstx.com/ancillary	877-442-4207
Permanent Life Insurance	Texas Life	www.texaslife.com	800-283-9233
Hospital Indemnity	Aetna	www.aetna.com	800-607-3366
Disability	AFA	www.americanfidelity.com	800-662-1113
Cancer	AFA	www.americanfidelity.com	800-662-1113
Critical Illness	AFA	www.americanfidelity.com	800-662-1113
Accident	Aetna	www.aetna.com	800-607-3366
Legal Protection	MetLaw	www.legalplans.com	800-821-6400
Identity Theft	iLock360	www.ilock360.com	855-287-8888
Medical Transport	MASA	www.masamts.com	800-643-9023